

ERELLA ADLER

MOTHER — IMAGE PERCEPTION IN NORMAL
AND DISTURBED BOYS OF WESTERN AND
ORIENTAL BACKGROUND AT DIFFERING
PERSONALITY LEVELS

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**MOTHER-IMAGE PERCEPTION IN NORMAL AND
DISTURBED BOYS OF WESTERN AND ORIENTAL
BACKGROUND AT DIFFERING PERSONALITY LEVELS**

av

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Abstract The purpose of this study was to explore differences in the perception of the mother image by <u>pre-adolescent normal and disturbed</u> boys of different cultural background (<u>Westerns and Orientals</u>) at <u>different levels of personality</u> . At the " <u>preconscious</u> " level the mother is described less favourably than at the other levels. Descriptions at the <u>factual-conscious level</u> and at the <u>normative level</u> are not significantly different. At the <u>ideal-aspirational level</u> the mother is described in the most favourable terms. At the <u>factual-conscious level</u> and at the " <u>preconscious</u> ", disturbed boys perceive the mother less favourably than do normals. Westerns perceive their mother more favourably than do Orientals at the <u>factual-conscious level</u> , at the <u>normative level</u> and at the <u>ideal-aspirational level</u> . At the " <u>preconscious</u> " level this is true with two sub-groups. The intercorrelations among the levels are always higher in the normal population. In drawings, disturbed place themselves closer to the mother than do normals, Orientals closer than Westerns. Projective content of disturbed include more negative phrases referring to the mother figure as compared to normals. Disturbed are reluctant to react verbally to their drawings.		
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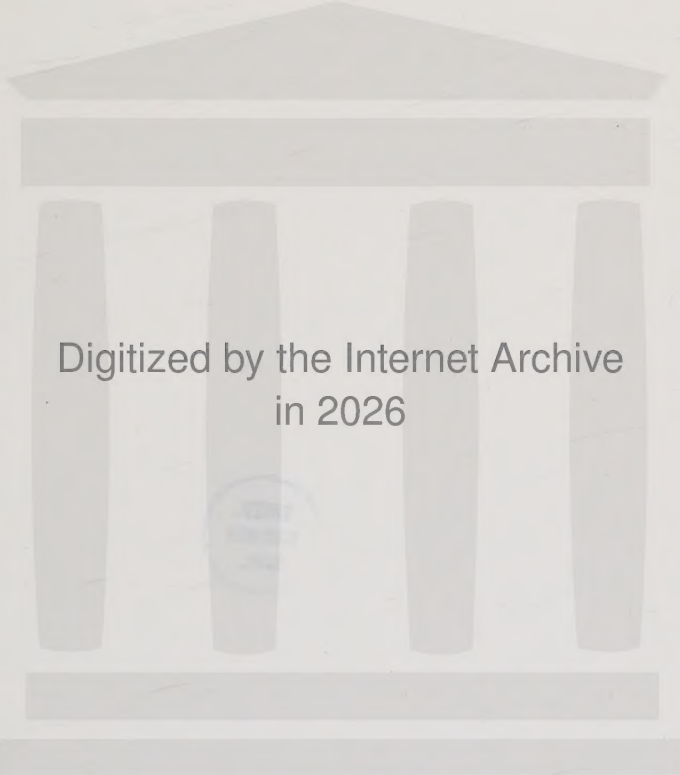
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STUDIA PSYCHOLOGICA ET PAEDAGOGICA
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TAL BACKGROUND AT DIFFERING PERSONALITY
LEVELS**

ERELLA ADLER

CWK GLEERUP

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For Ernst,

and for Michael, Michal and Meir whose
mother perceives them with love

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INTRODUCTION

Many studies dealing with the relation between parents and children concentrate on the child's perception of the parent's image. The basic assumption underlying these studies is that the child's perception of his parent's image constitutes an important factor in relations between parent and child (Hoffman and Lippit 1960, Ausubel 1964, Serot and Teevon 1961). Studies have dealt as well with the connection between the child's image of his mother and disturbances in the child's adaptation to his environment. Generally speaking, and if we ignore the problem of validity -- that is, the reliability of children's reports of their parents -- we can call the child's perception of his parents, as investigated in these studies, perception of the parent at the "factual" level. Most studies have concentrated on the question of how the child perceives his parents in various measures of behaviour (accepting, rejecting) as they form part of the psychological world. Yet other studies have investigated the descriptions children give of the mother image in response to projective stimuli, so we may regard them as studying the "preconscious" image of the mother through a process of unconscious projection (the term "preconscious" will be dealt with in the Theoretical Background). But in addition to these two levels, the "factual" and the "preconscious", the mother image can be perceived in different ways. For instance, there have been no studies of the child's ideas about the norms and

standards according to which he thinks a mother "ought" to behave. What are the values held by the child concerning a mother's behaviour? Desires, aims and aspirations which the child harbours with regard to the characteristics, feelings and behaviour of the mother -- these as well have not been looked into.

To this end, and on the basis of Leary's division into levels (1957), we have defined and studied four distinct levels:

- I - The conscious-factual level, which corresponds to Leary's conscious communication. Here the child gives a conscious description of traits, habits, actions and feelings he attributes to his mother.
- II- The preconscious level, Leary's private communication. The mother as perceived at this level forms part of the overall unconscious perception. Here we tested the description which the child gave in response to a projective stimulus.
- III-The level of norms and values, Leary's level of values. Here we studied the child's beliefs regarding the laws and standards according to which the mother "ought" to behave.
- IV- The level of aspirations, still defined according to Leary's principle, but studied separately from the level of norms and values, though Leary does not distinguish between these levels (aspirations and norms). Here we investigated the child's hopes regarding his mother's behaviour.

Purpose of the Study

The principal aim of the study was to examine relations between the perception of the mother image at different levels. Is the mother image perceived similarly or differently at the different levels of perception (conscious-factual, "preconscious", the level of norms and the level of aspiration) and how these levels are related to one another.

In order to reveal connections between perception of the mother image at the different levels, and differing types of disturbances in the child's adaptation at the pre-adolescent age, we compared a group of normal children with a group of disturbed children (those with difficulties in adjustment) and asked whether there are differences in the perception of the mother image among the different populations, at each of the four levels. In other words, by studying the perceptions of the mother's image at various levels of personality we intended to reveal a picture of differing representations of the significant object, the mother, in the intrapsychic world. We were able to study whether the child has or has not different intrapsychic representations and, if so, do the various representations show themselves in a similar way or differently in the populations under study? Are the child's difficulties in adjusting to environment connected with his perception of the object and how that perception comes to expression at the various levels?

We also compared differences between ethnic groups (Western and Oriental) in the perception of the mother image at different levels and the interaction between the factor of adjustment and the ethnic factor.

In addition we compared the size of gaps between the various levels in the normal groups and in the disturbed groups. We assumed that gaps between levels reflect actual conflict or at least potential conflict in personality.

The importance of our work may go well beyond the child-mother situation: theoreticians in the field of learning, personality and social psychology agree that the child's attitudes to his parents are generalized to other people as well. Though the terms used to explain this process vary, observations and predictions by many different observers show a wide measure of agreement. Because of this, findings based on the variables under study may have practical application in everyday clinical work and in the educational environment.

THEORETICAL BACKGROUND

The Psychoanalytic Approach

Our work follows the psychoanalytic approach. In his topographic model Freud developed the distinction between conscious, preconscious and unconscious qualities, a topographic model which adequately elucidates the concept of levels of personality in our work. For the purpose of explicating the psychology of dreams (1900), Freud postulated the existence of two psychic systems, the preconscious, whose contents are accessible to the conscious through increased attention cathexis, and the unconscious, whose contents become accessible to the conscious mind only through the formation of transferences into the preconscious, undergoing modification in the process. Here the complexity of the nature of human behaviour for the first time began to command adequate respect. Freud had demonstrated that human behaviour is not simply a unified single process, neither what appears on the surface nor what it is consciously assumed by its actor to be, but rather a shifting, multi-faced complex of motives, overt and covert.

The quality of preconsciousness was attributed to the ego alone. The id was always to remain unconscious, but the ego and the super-ego could also have this quality. It is in this sharply restricted aspect that the concept of topography survived to the end in

Freud's thinking (Gedo and Goldberg 1973, p 37).

Though Freud proposed his topographic model for the purpose of explicating the psychology of dreams, he later encountered other clinical phenomena, such as those negative therapeutic reactions which did not fit into the topographic model. In 1923, grouping sets of mental functions in accordance with new criteria, unrelated to accessibility of consciousness, Freud produced a second psychoanalytic model of mind. That organization of mental processes which controls motility, which produce resistance, and which concerns itself with adaptation was defined as ego. The part of mind which consists of drive pressures was conceived as the id. Ideals and moral sense, which like defenses are primarily unconscious, were placed in a separate agency, the superego. The model consisting of these three functional sets is the tripartite model. Freud compared the relation between the ego and the id to one between a rider and a horse: the ego controls drives but never absolutely; the balance between these forces must always be determined in accordance with the demands of the superego as well as those of the external reality. In other words the tripartite model portrays behaviour as a result of intrapsychic conflict.

In 1933 Freud had stressed the differences between the principle underlying the new model and the one upon which the topographic model had been based. The tripartite model represents a grouping of mental functions; the topographic model differentiates mental contents according to their accessibility to consciousness. The tripartite model has been a standard in psychoanalytic usage ever since. In our study we utilized this model and the clinical theories evolved in later years.

In addition, our emphasis on the significance of events taking place early in development and the continuity of development brought us to base our study heavily on the psychoanalytic schools.

Freud studied different subject matters, separate clinical

phenomena, each calling for separate theoretical explanations. For each occasion he developed an appropriate model. Thus each of his principal models attempts to represent a different facet of mental functioning, so that these schemes are not inter-changeable. Because they were chosen on an ad hoc basis to meet different needs no single guiding principle runs through these varied concepts, and there is no simple way of organizing the relation among them. Gedo and Goldberg (1973) suggest a way in which these relationships can be organized.

In "The Hierarchy of Modes of Psychic Functioning" Gedo and Goldberg (Models of the Mind, 1973, Chapter 7) proposed lines of development. They found these lines to be essential for the differentiation of a minimal schema of psychoanalytic nosology. The selected lines fall into series of parallel phases which are consistently separated from each other by the same nodal points of developmental transition. Phase I extends from birth until the acquisition of the capacity to distinguish cognitively the self from the object. This phase corresponds to mode I in Gedo and Goldberg's model. In mode I the self and the object are not differentiated. The typical danger is of over-stimulation. Primary narcissism and unconditional omnipotence are in force and the proto-defensive mechanisms of primal repression or the occurrence of instinctual vicissitudes are characteristic. Phase II covers the span between the capacity to distinguish cognitively the self from the object and the functional separation of the self from the object. This phase corresponds to mode II. In this mode the grandiose self is consistently distinguished from the idealized parent images. The typical danger is that of separation from these objects; omnipotent illusions are perpetuated through magic; the mechanisms of projection and introjection are the typical defenses. Phase III extends from the consolidation of the cohesive self to the formation of the superego. In mode III, infantile narcissism and omnipotent illusions have become confined to the sphere of sexuality. The typical danger is the threat of castration; the typical defense is

that of disavowal. Phase IV extends from superego formation to completion of ego differentiation with the laying down of the repression barrier. In mode IV mental life begins to follow the reality principle and is guided by the ego ideal. The typical danger is that of moral anxiety and the typical defense is repression proper. Phase V constitutes the era of fully differentiated psychic apparatus. In mode V, anxiety is typically reduced to its signal function; drive pressures which might create dangers are handled through renunciation; narcissism takes the form of wisdom, empathy, humour and creativity. The typical dangers are those inherent in external realities (see also chapters on "Early Mother-Child Relations in Normal and Disturbed Boys" and "Developmental Trends in the Latency-Preadolescent Period").

According to Gedo and Goldberg, Freud's reflex arch model is most suitable for the elucidation of behaviour organized in mode I. The self and object models are optimal for mode II and III. The tripartite and topographic model, or their combination, are most appropriate to clarify the later modes of behaviour. This claim supports our decision to use the self and object model to describe the mother-child relationship, and the combination of the topographic and the tripartite model for studying the preadolescent stage.

Though Gedo and Goldberg devoted their work to theories which serve to categorize clinical data collected through the psychoanalytic method, saying, "Our work will focus exclusively on the psychology of the intrapsychic world, derived from psychoanalytic data" (p 12), our study will focus also on explicit epigenetic schema as proposed by Erikson (1950) and others, who attempted to build a bridge between individual and social psychology (see chapter: "Early Mother-Child Relations in Normal and Disturbed Boys").

The theoretical views brought out in this study may be criticized in many ways, but since this is an empirical study we find that

bringing in critical aspects based on other theories and schools goes well beyond the scope of the work. Because of this, we must also forego a discussion of the advantages of this frame of reference. We will suffice in mentioning that a study such as ours could not be based on approaches which describe psychodynamic forces as demonic or otherwise reflect mystical thinking. As Bandura and Walters (1967, p 30) write in "Social Learning and Personality Development": "The demonic agents are typically 'ego-alien', buried under layers of personality, and held in check by counteragents or lines of defenses"(p 30).

However, because our study deals primarily with the perception of the mother image in normal and disturbed boys at the preadolescent stage, we find it vital to review earlier stages of development, since perception of the mother image is an outcome of a process begun ten to twelve years earlier.

Levels of Personality

The starting point in the present study is the view that the personality can be regarded as composed of different levels. This is basically the view of depth psychology. The fact that behaviour exists at more than one level of awareness has been intuitively recognized for centuries. The discovery of unconscious motivation -- in the sense of a formal theoretical statement -- was first made by Sigmund Freud. This was an epochal landmark in the study of personality and human nature. The great contribution of depth psychology is, in addition to its concept of different levels in the personality, the systematic explanation it offers of personality conflicts: psychoanalytic theories of the personality and of the neuroses may thus be defined in terms of conflicts between levels of personality.

Leary (1957) extended the idea of various levels in personality,

giving operational definitions to five of them. One of Leary's working principles is that "Any statement about personality must indicate the level of personality to which it refers" (p 41).

The question is: Of how many levels is a personality composed? What are they? And how shall they be defined?

Any solution to these problems must, however, be arbitrary and formal. That is to say, we can assume no divinity instituted a platonically ideal number of personality divisions. In selecting the number of levels, we are limited on the broad side by the practicality of the empirical method and on the narrow side by theoretical adequacy -- that is (at this stage of our knowledge), if we have too many levels, the permutations and combinations of the intervals and relations become impossibly unwieldy. If we have too few, important nuances become lost by being compressed into general categories.

In this work we will rely basically on the psychoanalytic theory and so find it worthwhile to clarify at the outset Leary's concept of levels, which depends heavily on that theory. Leary's five levels are:

1. The level of public communication
2. The level of conscious description
3. The level of private symbolization
4. The level of unexpressed unconscious
5. The level of values

These levels are defined in terms of the operations which produce the pertinent data. That is, the source of data automatically determines the level of classification. In this way Leary obtains operational definitions of the five levels of personality.

The Level of Public Communication

This level consists of the individual's overt behaviour as rated by others. Because our study is not concerned with this level we will not enlarge our discussion of this issue. Though we do not ignore the importance of studying this level, because our study is concerned with the way the child perceives his mother at various levels we found it illogical and hardly practical to measure the child's perception of his mother from his behaviour, or his public activity. (The rationale for choosing to study perception and not behaviour is explained in the next chapter).

The Level of Conscious Communication

This is the level of conscious relationship, wherein a person consciously describes himself and his world, descriptions which may be obtained by interview, autobiography, questionnaire, etc. In the present study this level is called the conscious-factual level.

It must be noted that the consensual accuracy or truth' of these reports have no bearing on the definition of the level. The phenomenon of consciousness is one of the most illusive issues in the history of Western thought. One of its most confusing aspects is of course its subjective nature. The scientist can neither understand nor measure what another person has in his consciousness. It is often quite difficult for the subject himself to know the focus and limits of his awareness. Between the subject and the psychologist there exist any number of potentially distorting factors, and so we never know the exact level of awareness from which the statement comes. Since it is impossible to obtain an objective evaluation of the subject's view of another person, many psychologists have attempted to disregard the entire issue of consciousness. But in so doing an essential dimension of human

behaviour is lost. At this level we deal therefore with conscious-factual reports and not consciousness.

The child's description of his mother provides valuable data. In our research we will obtain it by way of a questionnaire, supplemented by projective measures.

The Level of Private Perception

This is a level of private communication. The third level of personality Leary deals with is less conscious to the individual. It refers to the products of fantasy, projective fantasy and dreams. It comprises the expressions an individual makes, not directly about his real self and his real world, but indirectly about an imagined self in his "preconscious" or symbolic world. According to Leary, the inter-personal motives and actions attributed to the figures who people fantasies define the subject matter of this level of personality.

Unfortunately, use of the term "preconscious" must be made with care. The preconscious as defined by Leary cannot be equated with the term as used by psychoanalysts. Kris (1950, p 542) has cited two quotations from Freud which define the preconscious: "In defining the quality of the preconscious, Freud follows Breuer: preconscious is what is 'capable of becoming conscious' and he adds, 'capable of becoming conscious easily and under conditions which frequently arise'." At first glance, it might seem that the symbolic and projective responses which define this level meet Freud's definition. The empirical situation is not that simple. In actuality subjects responding to projective stimuli do not always express their private or fantasy thoughts. Many defensive, suppressive or rigid patients repeat in their responses to projective stimuli the same themes they report in their conscious descriptions. Leary defined this level by the source of the data.

The content of dreams, fantasies, creative expressions, wishes, and projective tests automatically become the preconscious level. In our study the projective content relating to the image of the mother is called the preconscious level. To remind the reader that the psychoanalytic is not denoted, the word will consistently appear in quotes: "preconscious".

Leary divides this level into sub-levels: the level of Hero (defined by interpersonal themes attributed to the heroes of the material) and the level of Others (which includes interpersonal themes attributed to "others" in the same material). In our study the "preconscious" hero is the child and the "preconscious" other is the mother.

The broad general nature of the level categories must be mentioned again. There are many sub-level varieties of the symbolic data. Some reactions to projective testing, for example, may be more closely related to the level of conscious description. Others consistently may be identified with the unconscious pattern. The exact "depth" of a projective response depends on a variety of factors -- cultural context, type of symbolic stimulus (see our chapter Instruments, especially Drawing of the Family), the nature of overt behaviour at the time, and so on.

The development of "private" symbolic language characterizes all human beings. Symbolic language avoids the anxiety of the direct, expressing certain themes privately so as to by-pass the anxiety that public expression would entail (Leary, p 161). By means of a language of symbolism it becomes possible to express interpersonal themes that are inhibited from direct expression. By means of a language of symbolism it becomes possible as well to repeat and thus strengthen those same themes that are manifested in indirect expressions, thus further avoiding those themes. The purpose of symbolic behaviour is to reduce anxiety. For some individuals this is accomplished by employing fantasy as a safety valve, an

opportunity to "blow off" the interpersonal steam that has built up through inhibition and repression. For others, even indirect, imaginative expression of the inhibited themes is anxiety-laden. Symbolic behaviour in these cases becomes a way of strengthening the avoidance mechanism.

If this rigid de-limiting continues in imaginative productions then we can assume that the anxiety which cripples and inhibits the expression of absent interpersonal themes is so intense that the human being does not express these even indirectly in the private language of symbols. If on the contrary, the themes which are avoided in conscious reports on public communication do appear at the level of private conversation, we may make the hypothesis that the anxiety is less crippling and that increased flexibility, mobility and change exist (Leary 1957).

According to the orthodox Freudian view, that which is warded off from consciousness are the instinctual impulses or their disturbing derivatives. According to Sullivan (1947), those things which are selectively kept from awareness are interpersonal processes or potentialities, or interpersonal feelings which are anxiety-arousing. In the next chapter we will deal with the child's attempt to repress from consciousness the mother-child relation. The problem will be discussed again in the chapter dealing with "Crystallization of the Mother image at Various Levels".

When using the term level we progress from the external to the internal: overt observable behaviour is more external than conscious description; conscious description is more external than "preconscious"; "preconscious" is more external than unconscious-unexpressed. In our study the "preconscious" level is concerned with a more private layer. The three other levels, the conscious, the normative and the aspirational are concerned with consciously reported material. Nevertheless we followed Leary's conceptual use of the level, both because this concept is accepted in psychoanalytic theory, but also because we expect to find a

hierarchy in the child's perception of his mother image at the four levels. By hierarchy we mean here not the sense of progressing from external to internal, but the sense of progressing by degrees of favourability in perceiving the mother image. The possibility of an interplay between these meanings is not excluded: the possibility exists of a parallelism or an interaction between the external-to-internal progression and the progression of favourability in which the mother is perceived.

The Level of Unexpressed

This level is defined by Leary as holding "the interpersonal themes which are systematically and compulsively avoided by the subject at all other levels of personality and which are conspicuous by their inflexible absence. Here we refer to those activities which are consistently and deliberately 'not present' in the personality profile" (p 80). This level defines the "touchy spots" most vigorously and desperately avoided. According to Leary there are two empirical criteria for measuring this level. Negatively, they must be demonstrated to be significantly absent at the three top levels; positively, they must be demonstrated to be actively avoided (p 193). This level of personality has received little empirical attention. Because of the obvious obstacles in building a method for measuring this level, our study will not deal with this area.

The Level of Values

According to Leary this level "consists of the data which reflects the subject's system of moral, 'superego judgments', his ego ideal". From this we can deduce that Leary does not differentiate between

norms and aspirations, though these appear to us as different levels. As will be seen, our study deals separately with the level of norms and the level of aspirations. The norms a child holds for behaviour of the mother are very often quite different from the aspiration he expresses concerning the mother's behaviour.

Kreitler and Kreitler (1972) in their Model of Cognitive Orientation emphasize four types of beliefs, or as we have called them here, levels. They do differentiate between beliefs about norms and rules and beliefs about goals.

According to this model, behaviour above the level of spinal reflexes is influenced by various cognitive qualities which have an orientating function. It is worth emphasizing that although Kreitler and Kreitler's model is a cognitive one, they do not ignore private levels, noting that "only elimination or considerable relaxation of the repressing process make it possible for a person to become aware of his unconscious beliefs, to recognize them as his own and to express them in their original form as he is free to do with his preconscious content" (chapter 14). This theory lays stress on the concept of beliefs because of the important role beliefs fill in guiding behaviour. It does not ignore other layers.

Kreitler and Kreitler (1972) refer to four types of beliefs:

- a. Belief about self. These are beliefs about the self or aspect of the self in the present, one's habits, actions, abilities, feelings, sensations and so on.
- b. General Beliefs. These are beliefs expressing information about people, objects, events, situations or any aspect of these, in present, past or future. Beliefs about people form a part of the wide sphere of general beliefs to which Kreitler and Kreitler refer. The child's beliefs about his mother are a part of the beliefs the child holds about people.
- c. Beliefs about Norms and Rules. Beliefs of this type express norms, rules and standards of an ethical or non-ethical nature, applied to persons, behaviour, objects, situations or events. This level

is referred to here as the level of norms and standards.

- d. Beliefs about Goals. Beliefs of this type express future actions, future behaviour, objects, situations desired or aspired to by the self. In the present study this level is referred to as the level of goals and aspirations.

Perhaps the most important use of the level of aspiration is obtained by comparing it with other levels. The kind and amount of discrepancy between the ideal and the conscious description of the mother provides another set of valuable indices. These discrepancies are called by Leary the indices of idealization.

In discussing at length the inter-relationship between the various levels which make it possible to deduce conclusions about the organization of the personality, Leary (1957) maintains that opposing factors indicate either conflicts or an agreement between different levels of behaviour. Each level gains full significance only in relation to some other levels, that is, to the overall organization of the personality. Each level or area of the personality is held in dynamic equilibrium with the other levels, and this whole system of balance and counter-balance constructs that astonishing complex we call the personality.

Distinguishing between statements relating to a single level and those that relate to differences between levels, Leary calls statements of the first kind class statements, those of the second kind statements of ratio.

When behaviour at one level is compared to behaviour at another level, we have statements of ratio. The focus here is the relationship between the levels. Such variables are not inter-personal in character but intrapersonal. In the present study, which examines the image of the mother in the eyes of a child, the gap between the factual-conscious level and the "preconscious" level can indicate whether the conscious and the "preconscious"

image contradict one another. Comparison of the factual level with the level of norms can serve as an index to the child's evaluation of the mother. Comparison of the factual level and the level of goals can provide an index to identity between the child's values and his aspirations. Comparison of the level of norms and the "preconscious" level can provide an index of the "preconscious" evaluation of the mother. And comparison of the "preconscious" level with the level of aspirations provides an index to the child's "preconscious" acceptance of the mother.

Behaviour at every level can be influenced by stimuli from the environment, or by pressures from other levels of personality. For instance, too rigid or too high norms and aspirations are liable to produce conflicts with other levels. Extreme or very demanding behaviour at one level sets up a vicious cycle of conflicts, frustrations and anxieties, a complex chain-reaction at many levels involving an interpersonal pattern at each individual level.

We shall briefly review the theories of some other theoreticians in order to show that the four levels studied in this paper are different levels. Fishbein (1967) distinguishes between beliefs and the components of objects and their qualities and the mutual relations between them, as against beliefs associated with relations to objects for personal purposes. Rokeach (1968, p 113) distinguishes between existential beliefs which can be described, as compared with beliefs which can be evaluated, and beliefs concerning morals, with special emphasis on the difference between a person's ideas about his own behaviour as compared to the ideas of others, and ideas about non-social objects (Ibid., p 165). Lazarus (1966) distinguishes between beliefs about the general environment and beliefs an individual holds about himself. Scheibe (1970) throws light on the difference between beliefs, in general or about oneself, and norms (norms and purposes). Kluckhohn (1951, p 394) discusses three types of experience: beliefs about reality, aspirations of the individual and others, and ideas about what the individual, or others, ought

to want (the desirable).

Summary

In this paper the level called the conscious-factual (level I) is called by Leary the level of conscious communication; Fishbein (1967) calls it the level of beliefs about objects; Rokeach (1968) existential beliefs; Lazarus (1969) beliefs; and Kluckhohn (1951) beliefs about reality. At this level, following Leary, we shall examine the description the child gives of his mother. In view of the importance psychoanalytic theory ascribes to unconscious contents, our study will also examine the "preconscious" level, following Leary. In this study it is called level II. The level here called the level of norms (level III) is the level Leary calls the level of values. Kreidler and Kreidler (1972) call it beliefs about norms and laws; Fishbein (1967) calls it beliefs a person holds about what one ought to do in relation to objects, and what it is permissible to do with them; Rokeach (1968) calls it beliefs about moral injunction; Kluckhohn (1951) at this level discusses the things that we and others "should do". At this level we shall study beliefs about laws and norms which the child attributes to his mother, and according to which he thinks she "should" behave. The level we have called the level of aspirations (level IV) has been called by Kreidler and Kreidler (1972) future-oriented activities, goals that the individual desires. This level is designated by Fishbein (1967) as beliefs about the attitudes of his objects to personal goals, and by Kluckhohn (1951) the level of aspirations of the individual and others. Leary (1957) does not distinguish between this level and the level of values. At this level we shall study the child's aspirations regarding the mother's behaviour.

Connections between Levels

The problem of the relations between levels has been examined in many studies by Kreitler and Kreitler (1974, 1972). One of the characteristics of the cognitive orientation is that there is no connection between the four levels. That is to say, the correlations between them are low, while correlations between individual beliefs in a cognitive cluster (CO) and any one of the beliefs in the cluster are high. Evidence for the lack of connection between components is found in a study where Kreitler and Kreitler (1969) succeeded in predicting the defence mechanisms which would be selected by the subjects. M. Nahari (1970) and A. Sachar (1972) found that the four components were independent. In a study of curiosity and the cognitive orientation by Kreitler and Kreitler (1974), a higher correlation was found. It is not yet clear whether this finding is due to the form of the questionnaire or to the fact that the subjects were children and not adults. In a study of behaviour following failure, Kreitler and Kreitler (1970) also found a higher correlation between components, perhaps because irritation lowers the ability to differentiate. In a study by T. Label (1974) on the "Relation between Cognitive Dimensions and Behaviour in Painful Situations" a higher correlation was found between belief and the CO, but a connection was also found between some of the components themselves. The connection may be due to the subject itself, since the attitude to pain is complex; or it may be due to a lack of discrimination in the questionnaire.

The relevance of these findings to our present study lies in the conclusion that the levels are separate and different; on the whole most studies find no connection between different beliefs (levels), yet specific conditions may entail a higher correlation between components. Conditions which have been suggested include the type of population (children), the delicacy of the topic and the form of the questionnaire. Of course, correlations between

levels do not indicate that they are identical.

Early Mother-Child Relations in Normal and Disturbed Boys

The study of human nature from the middle of the twentieth century appears to have shifted from the individual as individual to an emphasis on the individual in relation to others. Man is viewed as a uniquely social being, a term denoting the importance of interpersonal relations. Behaviour which is related overtly, consciously, ethically, or symbolically to another human being (real or imagined) is interpersonal. Also interpersonal is inference made on the basis of fantasy material regarding the mother. Karen Horney (1945) in her earliest work contended that "neuroses are brought about by cultural factors" -- which, more specifically, means that neuroses are generated by disturbances in human relationships. Erich Fromm (1947), like Horney, places the causative factor of neurosis in the family, which is seen as a basic "agency" of enculturation. Suppressive or hostile parents create destructive feelings of powerlessness and/or isolation. Harry Stack Sullivan's (1947) most dramatic assertion was that "psychiatry is the study of processes that involve or go on between people".

The motive force of personality, for Sullivan as for Horney and Fromm, is the avoidance of anxiety. Anxiety for all three is an interpersonal phenomenon. For Horney it involves the feelings of helplessness and danger; for Fromm, isolation and weakness; for Sullivan, loss of self-esteem.

In contrast to the antilibidinal theorists mentioned above, there is a fourth social system of personality which attempts to develop ego, cultural, and interpersonal conceptions within the basic framework of the Freudian psychosexual theory. This is the work

of Erik H. Erikson (1950). Erikson has made the most sophisticated and successful attempt to integrate historical, sociological, anthropological, and biological data into a personality system. He takes for his model of individual character an interpersonal terminology. His commitment to the biology of the libido theory is stated quite directly.

From the moment of birth, survival depends on the adequacy of interpersonal relations. Several experts in this field (Sullivan 1949, Klein 1934, Erikson 1950, Spitz 1957, Jacobson 1954, Mahler 1968, 1975, Kernberg 1975) claimed that the roots of personality are founded in the earliest mother-child interactions. This claim is not surprising when we recall that a raw, intense, basic anxiety (concerned with the maintenance of life itself) may be felt by the neonate. And this anxiety is dealt with (partially or completely, carelessly or lovingly, calmly or nervously) by the mothering-one.

Studies of the subtle interplay between mother and infant have called increasing attention to the psychology of motherhood. The infant's experiences during the primitive oral stage are certainly not limited to the feeling of satiation or to oral erotism in the narrow sense of this term. They extend to a broad variety of stimulating, gratifying and frustrating experiences, to which the infant reacts with psychobiological prepatterned (instinctive) responses, such as sucking, smiling, crying, clinging and, later on, following. Edith Jacobson (1964, p 35) writes that "the child's and his mother's drive-discharge patterns in general become tuned in to each other during the infant's first months of life". The unique role of the close libidinal ties which develop between mother and infant is indeed epitomized by the multiplicity of their function.

The earliest wishful fantasies of merging into and being with the mother (breast) are the foundation upon which all object relations as well as future types of identification are built. Thus the hungry infant's longing for food, libidinal gratification, and physical merging with the mother, which is the precursor of future

object relations, is also the origin of the first primitive type of identification, and identification achieved by refusion of self and object images. Of course this situation cannot yet be described in terms of identification, which is a process or the result of process.

The increasingly contradictory -- either passive-submissive or active-aggressive -- behaviour of the child during the pre-oedipal and early oedipal periods goes hand in hand, of course, with his ambivalent emotional fluctuation between loving, trusting admiration of his omnipotent parents and disappointed, distrustful depreciation of his love objects.

The earliest types of identification are founded on primitive mechanisms of introjection or projection, corresponding to fusion of self and object images which disregard the realistic differences between the self and the object.

The Establishment of Object Representation and Object Perception

Theoretical precision suffers quite generally from failure to make a clear distinction between external objects and their endopsychic representation. The terms introjection and projection refer to psychic processes, as a result of which self images assume characteristics of object images and vice versa. The mechanisms of introjection and projection originate in early infantile incorporation and ejection fantasies and must be distinguished from them.

During the pre-oedipal-narcissistic stage, gross primitive introjective and projective mechanisms, in conjunction with pleasure-unpleasure and perceptive experiences, participate in the constitution of self and object images, and hence of object relations. The

small child's limited capacity to distinguish between the external and internal world, which is responsible for the weakness of the boundaries between self and object images and the drastic cathectic shifts between them, promotes the continuous operation of introjective and projective processes. Thus, it is quite true that during the first years of life the child's self and object images still have more or less introjective and projective qualities.

But the establishment of realistic representations rests increasingly on maturation of perceptive and self perceptive functions, i.e., on reality testing at the expense of projective and introjective mechanisms. However, while becoming more and more subtle and refined, the latter continues to play an essential part in the processes of identification and in the advance from primitive fusion to those selective identifications upon which infantile ego and superego development rest.

In the beginning there are no images of objects; the first object representations are diffused and the process of forming images of objects takes place very gradually. The idea of mother is certainly not present at the beginning. Though it is very difficult to describe, we must assume that the first ideas concerning things which may bring satisfaction but are momentarily absent include simultaneously the mother's breast (or bottle), the person of the mother, and parts of the child's own body. The actual perception of a "person" does not exist as yet. As Fenichel (1946, p 88) says, "Later on, the child does learn to differentiate impressions; then the first differentiation is probably between 'trusted' and 'strange' impressions. 'Strange' is felt as 'dangerous'; narcissistic supplies are expected from the 'trusted' sources. The 'trusted' parts of the mother are 'loved'; gradually the mother is recognized as a whole, and oral union with the mother becomes the simultaneous aim of the undifferentiated erotic and narcissistic needs. In this way mother attains a unique possibility for exerting influence".

Mahler (1968, pp 43-47) uses the term "mothering principle" or "mothering agent" and deals with the "crucial importance of 'mothering' and perceiving the 'mothering principle' as good. The first step in development from what Mahler calls the autistic to the symbiotic phase is the cathexis of the "mothering principle".

When the mother is a source of satisfaction, the infant responds positively to her. When body tension or mothering manipulation are a source of pain and unpleasure, the infant deals with them as he deals with noxious stimuli in general: he draws away from them, to eliminate them. In other words, the infant's first orientation in his extrauterine life is according to "good-pleasurable" versus "bad-painful" stimuli. When differentiation begins the predominantly "good" and "bad" memory islands become vaguely allocated to the self and nonself. The qualities of "pleasure giving" or "pain inflicting" become anchored to the mother. Self images are endowed with the same qualities of prevailing "good" and predominantly "bad" as are the scattered part images of the mother (Hendrick 1951).

According to Mahler, the maturation of the perceptual-conscious system, the core of the ego, paves the way for the emergence of the infant from the "normal autistic" phase of the first weeks of life -- Freud's "primary narcissistic" and Spitz's objectless stage -- towards the symbiotic phase, a twilight stage. The symbiotic phase coincides in time with what Anna Freud (1958) has called the need-satisfying object relationship. Anna Freud and Spitz (1965) speak of this phase as a "preobject" and "part object" phase. Mahler says that at first there is a dim sensory impression (Gestalt perception) of the symbiotic object -- the object that brought relief from tension by way of ministrations -- setting up engrams of some "good mothering principle" or agent within the fused self-object representations. During the course of the normal separation-individuation process, the predominance of pleasure in separate functioning, in an atmosphere in which mother is emotionally available, enables the child to overcome a measure of separation

anxiety.

The separation-individuation process implies two distinct, albeit interdependent kinds of development. One line is the toddler's rapidly progressing individuation, which is brought about by the evolution and expansion of autonomous ego function. These centre around the child's developing concept of self. The parallel line of development is the child's growing awareness of his functioning independently of, and separately from, the hitherto symbiotically fused external part of his ego, the mother.

The culmination of this separation-individuation phase is the establishment of object constancy. The stage of object constancy develops gradually and may be regarded as having been attained when, by contrast with the previous stage, a firmly established object image is available, the cathexis of which persists regardless of instinctual need (A. Freud 1965; Mahler 1968, 1975). In the course of development to the stage of object constancy, the maternal image becomes intrapsychically available. This process is closely related to the development of a feeling of security which at least in its early stages corresponds to what Buber (1953), Erikson (1953) and Arieti (1974) have in different contexts called trust or "basic trust". Above we quoted Fenichel (1946) who spoke of "trusted" and "strange".

During the course of this development the object image is increasingly invested with predominantly libidinal and neutralized energy, although not necessarily postambivalent.

The stage of object constancy can be said to have been reached when one particular defense -- the splitting of object images -- is no longer readily available to the ego (Mahler, p 224). The meaning of "splitting" here is the clinically observable phenomenon that, when both longing for and angry at the object at the same time, the child in order to preserve the good object

image will (during the mother's absence) separate the longed-for image of love object from his hatred of it. The longing is directed toward the actually absent "good mother" while the anger may be directed toward the other person present at the time in the environment. On the mother's return, the ambivalence is seen to be once again directed toward her, the representation no longer being split and projected. It is clear that this takes into account Hartmann's (1950) suggestion that object constancy requires certain degrees of neutralization, especially of aggression, and that there is also a greater specificity of the object image which corresponds to the actual qualities of the mother.

The confluence and primitive integration of scattered "good" and "bad" memory islands into larger "good" and "bad" parts images of the mother, do not occur before the second year of life. This is attested to by normal ambivalence that is clinically discernable at this stage. If symbiotic and separation-individuation phases are normal, then from three or three and a half years on the child is increasingly able to respond to the "whole mother", to realize that one and the same person can both gratify and disturb him (Mahler 1968, pp 46-47, 1975, p 110).

Blatt (1974, pp 142-145) believes that an important factor in anaclitic depression is the failure to achieve the degree of object constancy at which the child not only recognizes an object as the same object under differing circumstances (perceptual object constancy) but also is able to evoke an image or symbol of the absent person (evocative object constancy). Without such capacities, the child feels lost and bereft unless the love object is actually present. Using anaclitic depression as a paradigm Blatt suggests that developmental disturbances in object representation may become apparent only later when the actual object is no longer readily available to provide reality, support and structure which serve to compensate for and minimize the impaired representations. These developmental impairments may become apparent only when the object representations must assume

a major role in directing and organizing behaviour (p 148) (see chapter Developmental Trends in Latency-Preadolescent Period).

The need for security will remain constant throughout the life of the individual, although it will assume different aspects in different ages.

Using Buber's useful terminology and conceptions, we may say that an I - Thou relationship exists. Psychologically this means that without others and trust in them, there would be no I, no development of self.

The inner object of the mother is not a photographic representation of the real mother, but a transformation in accordance with primary cognition. In normal circumstances, or even when the disturbance is only of moderate intensity, the child tends to build a positive or benevolent image of the mother. However, the more disturbed person, or the future schizophrenic, does not build this benevolent maternal image in early childhood. He finds himself having to relate to a mother who, because of her perfectionism, excessive anxiety, or hostility, exposes him to overwhelming scolding, criticism and nagging. At other times a detached attitude makes the mother appear remote, inaccessible, ungiving, perhaps inimical. According to Arieti (1974), even though the mother may have positive characteristics and even love the child and try her best, the future disturbed person becomes particularly sensitized to negative characteristics because they are the parts of mother that hurt, to which he responds deeply. He ignores the others. His use of primary process cognition makes possible and perpetuates this partial awareness, his original part-object relationship, if we use Klein's terminology. The child who responds mainly to the negative parts of mother will make a whole image of mother out of these negative parts, and the resulting whole will be a monstrous transformation of the mother (Kernberg 1974, chapter Genetic-Dynamic Analysis).

Mother becomes the malevolent mother of psychiatric literature, and her image becomes the malevolent image: an inner structure that, in a latent or unconscious way, may persist for life.

The mother image as a representative of the other -- that is, of any other, either any other human being or the interpersonal world -- becomes a negative Thou. A normal I - Thou relationship in Buber's sense cannot exist. The child will have difficulty in accepting the others, whom he models after the mother. Thou is too threatening and is a carrier of too much anxiety. Arieti (1974) states that this is the beginning of schizophrenic cleavage. Even though the children in our study are not schizophrenic, their I - Thou relationship tends to remain unintegrated.

This vision of mother is somewhat understood by the mother, who responds to the child with more anxiety. The mother expresses her anxiety in the form of hostility toward the child who, in his turn, will be even more adversely affected. He will respond with behaviour that will be more objectionable to the parent. Furthermore, the mother most of the time feels guilty for her hostility, and this guilt feeling increases her anxiety. A circular process of ominous proportions establishes itself, which produces intense distortion and maladaptations.

In the cases in which a malevolent image of mother is formed, two tendencies may develop. The first is an attempt to repress from consciousness the reality of the mother-child relation, but as we shall see shortly this task cannot be easily achieved. The second tendency is to displace or project to some parts of the world this type of relation. In the majority of cases the inner object of the father consists also of negative qualities although with less intense characteristics. The image of a bad father on the contrary remains conscious. The father image is not the subject of our present study, so we shall not enlarge upon it.

Gauthier (1979) attempts a brief history of the development of the concept of the "bad mother" who has become a scapegoat in many illnesses encountered in child psychiatry. In questioning the role which may have been played by dynamic theories in this evolution it is hypothesized that psychoanalytic theory has had more of a catalytic than a causal influence in relation to a strong tendency in our culture to attribute negative attitudes to the mother in her relationship with her child. According to Gauthier the emphasis placed by North American culture on the nuclear family, the hypertrophy of the maternal function coupled with a paternal role much reduced in time, as well as the almost complete disappearance of maternal substitutes, probably have greatly influenced the development of this concept of the "bad mother". The author notes, however, that happily in recent years some child development theories insist on the concept of mother-child interaction and on the mutual role of mother and child in this exchange.

The Oedipal Stage

Briefly reviewing the Oedipal stage we will mention again the psychoanalytic approach. The development of object relation in boys -- who are the subject of our research -- is simpler because the boy in his later developmental states remains bound to his first object, the mother. Of course the boy loves his father and other objects too, and of course the boy suffers frustrations from his mother and may also hate her; but the boy's love for his mother remains the dominant striving during his infantile sexual phase. The contradictory strivings of love and hate, or love for mother and love for father, and so on, seem temporarily to coexist without disturbing each other. As the ego becomes stronger this gradually becomes impossible and conflicts do arise. The boy begins to realize that his love for the mother, his identification with and love for the father and his hatred for the father conflict with each other. "I love mother and hate father because he takes mother"

for himself" is an expression of the way in which a boy's impulses typically are condensed, under the conditions of family upbringing. This is the Oedipal complex. The high point of the Oedipal complex coincides with the phallic stage of libido development. Object development in girls is somewhat more complicated, but as our study deals with boys we will concentrate on that development only.

Fenichel (pp 91-98) in discussing the Oedipal complex states that unusual behaviour on the part of the parents creates unusual Oedipal complexes on the part of the children. The problem of the origin of the Oedipus complex is thus reduced to the problem of the origin of the family.

Any child at the height of the Oedipus complex must experience disappointments and narcissistic "injuries". These narcissistic injuries are reacted to in very different ways by different children, depending upon their constitution, the concrete ways in which the injuries are experienced, and all earlier experiences.

The ego "borrows" from the strong parents the strength that enables it to express the Oedipal complex. In this way the resolution of the Oedipus complex brings about the marked and decisive "step within the ego" which is so important for subsequent ego development and which by its organization is differentiated from its forerunner, the superego.

Developmental Trends in the Latency-Preadolescent Period

Here we reach the problem of our subject. Our research deals with boys 10 - 12 years old. These are boys in the latency-preadolescence stage. The principal aim of our study is to reveal connections between perception of the mother image at different levels of

personality in normal and disturbed boys. In enlarging our review of the earlier stages of development, we tried to show that perception of the mother at the various levels of personality is a gradually evolving process. The theories discussed in the previous chapters spotlight the differences in mother-child relations; it is reasonable to assume that consequently there will be dissimilarities in the intrapsychic representations of the mother, in normal as compared to disturbed development. We find it impossible to understand the child's perception of the mother image at the pre-adolescent stage, or at any other stage, without dealing with crucial experiences up to the age in question. Moreover, there are psychoanalytic theoreticians who regard the latency period as a mere suspension of Oedipal issues, a form of detente which characterizes the latency period (Blas 1976). Blas states that the resolution of the Oedipus complex at the end of the phallic phase is normally a partial one. It is, therefore, a continuation and not only a recapitulation of the Oedipal conflict that we observe at adolescence. Others view the preadolescent and adolescent stages as a reliving of archaic types of object relations.

Anna Freud (1965) has demonstrated that many areas of functioning or lines of growth can be traced through a person's life history. This concept organizes psychoanalytic data in a unique manner, different from previous modes of psychoanalytic conceptualization. Lines of development here represent coexisting sequences of behaviour rather than cross-sectional views of psychic functioning at a given time. Some of the most important lines of development outlined, such as object relations, include libidinal phases, defences and various adaptative patterns. Any area of individual personality that represents interaction among maturation, adaptation and structuralization may be followed in this novel manner. Anna Freud notes that in normality there is a general correspondence among the various developmental lines in their overall progress; imbalance among points of progression along various lines is an indication of developmental difficulty or psychopathology.

The initial meaning of the concept of object relations, as in Anna Freud's statement of developmental lines from dependency to the "adult object relationship", concerns actual human transactions in the world of actuality. It may be appropriate briefly to summarize the steps she has enumerated: 1. Biological unity of mother and infant in a narcissistic milieu. 2. A need-fulfilling anaclitic relationship. 3. Attainment of object constancy, even in the face of frustration. 4. Ambivalent and sadistic control over the object. 5. An object-centred phase of possessiveness and rivalry. 6. Transfer of libido from parental figure to groups. 7. Preadolescent return to object relation of archaic types. 8. Adolescent struggle to shed infantile ties.

It is clear that each position along this series refers to behaviour which may be observed from an external frame of reference. It should not be forgotten that our work deals with object relations also viewed from an intrapsychic vantage point.

Erikson (1950, 1968) identifies eight emotional stages of development. He assumes that at each stage the individual faces a core conflict whose resolution is based on the integration of the past. We will mention only the latency stage where the conflict is of Identity vs. Inferiority and the puberty and adolescence stage where the conflict is around Identity vs. Role Diffusion.

Erikson (1950, pp 226-228) writes that with the oncoming latency period, the normally advanced child learns to win recognition by producing things: "The work principle teaches him the pleasure of work completion by steady attention and persevering diligence... The danger, at this stage, lies in a sense of inadequacy and inferiority. If he despairs of his tools and skills or of his status among his tool partners, his ego boundaries suffer, and he abandons hope for the ability to identify early with others who apply themselves to the same general section of tool world. To lose hope of such 'industrial' association leads back to the more isolated, less tool-conscious 'anatomical' rivalry of the Oedipal

time... It is at this point that wider society becomes significant in its ways of admitting the child to an understanding of meaningful roles in its total economy. Many children's development is disrupted when family life may not have prepared them for school life or when school life may fail to sustain the promises of earlier stages". According to Erikson the following stage is when childhood proper comes to an end and youth begins, with integration now taking place in the form of ego identity.

Regarding the period of developing a sense of industry Erikson refers to outer and inner hindrances in the use of new capacities but not to aggravations of new human drives nor to submerged rages resulting from their frustration. Freud calls this the latency stage because violent drives are normally dormant. Erikson states: "But it is only a lull before the storm of puberty, when earlier drives re-emerge in new combinations".

Erikson discusses the influences of educational systems on the development of identity at school age. He emphasizes that every culture at this stage offers training and teaching. We are a literate civilization and so we show children how to read and write. Evans (1967, pp 26-27) in a "Dialogue with Erik Erikson" quotes Erikson's opinion: "The further psychoanalysis has changed its focus from an id psychology to an ego psychology, the clearer it has become that the ego can only remain strong in interaction with cultural institutions and can only remain strong when the child's inborn capacities and potential are developed... for obviously learning is not just suppressed or displaced sexual curiosity; learning contains an energy of its own which White (1957) subsumes as a striving for competency...".

Erikson does not speak explicitly about mother-child relations at this age, but his emphasis on the meeting of children with teachers and with parents of other children has relevance to our subject. Erikson touches slightly upon the fact that the

majority of teachers in our elementary schools are women. We will see later that Jacobson deals with the tendency at this age to project and re-attach superego and ego goals to persons in the outside world. It is reasonable to assume that the concept of the mother undergoes changes as a result of meeting with teachers, women, and cultural influences.

According to E. Jacobson (1964) the influence of the superego first manifests itself typically after passing the Oedipus complex. But the child's ego takes many years to become reasonably mature and capable of providing adequate self guidance. The superego does not emerge full-blown at the Oedipal stage and not with the resolution of Oedipal transactions.

The influence of the moral system on the establishment of consolidated defenses, sublimated activities and the concomitant development of realistic ego goals gives the identification processes, during the period of latency, very specific guidance and direction. In conjunction with the further maturation of ego and object relations, these processes tremendously widen the scope of personal and social interest and of ego interests. This manifests itself in the firm establishment of the concepts of age, of future and future goals (Jacobson 1964, p 132). The child at onset of latency and pre-adolescence finds great support from school. The child develops a feeling of belonging to his age group, and is in general helped even to accept peer differences which may emphasize his personal weaknesses. This brings into focus the problem of group formation, together with the feeling of belonging and group values. It may soon carry over from a distinction between the group of boys and the group of girls to other group differentiations, and eventually to the point of discrimination between social, cultural, racial, national and other groups.

From the standpoint of superego and ego formation, it is significant that the experience of belonging to the same age and sex group not

only reinforces the sense of personal identity but makes possible the development and acceptance of common group standards -- ethical, social, physical and intellectual. Some of these standards are based upon peer relationships, and are more or less in opposition to those of adults; others derive from relationships to teachers and adult group leaders. This leads to a partial displacement of the child's relations and identifications from his parents into these new authoritative figures; it is a process which becomes greatly intensified in adolescence. This reflects the limited autonomy of superego and ego. The child in the latency-preadolescent age tends to reproject and re-attach his superego and likewise his ego goals to dominant influential persons in the outside world.

With the formation of the psychic systems, there arise difficulties in coping with the intersystemic as well as with the intrasystemic conflicts to which Hartmann (1950) has called special attention. These conflicts may gain impetus with the increasing number and variety of object and other investments and of possibly contradictory identifications in the superego and the ego, which must be combined and organized in order to allow for a coherent, goal-directed personality development which can promote normal identity formation and reinforce the feeling of inner continuity.

Actually some specific complications in the development of superego and ego can cause future adjustment problems. These can frequently be traced to early pre-oedipal stages, when conflicting attitudes begin to exert their influences upon weak infantile psychic organization. Frequently, the disturbances arising from such contradictory attitudes become manifest when the child begins to build up rapidly broadening personal relations and becomes subject to new educational, intellectual, social and ethical influences different from those of the home environment. Jacobson (p 141) emphasizes the fact that commonly superego and ego formation is supported and stimulated by the child's contacts

in a school world that now offers him new sublimations, new and different types of relations and new identifications with teachers and with his peers. But children brought up in confusing emotional and educational home atmospheres may at this time suddenly and painfully become aware of contradictions between the school world and the world at home or within the family, with regard to sexual, human, social, ethical and intellectual attitudes, standards, goals and aspirations. These experiences may throw them into a temporary state of lonely confusion about right or wrong, good or bad, correct or incorrect, true or false, worthy or unworthy.

At school age the mother concept derived from the individual experience undergoes a change due to the acquisition of images provided by the culture. The child had thus actually been able to overcome the formation of primary process generalization and no longer includes all mothers in one category. He is able to distinguish the real factual mother from the normative mother and he is able to aspire to a better mother.

From a psychiatric point of view, the concept of the self is perhaps not less important. Although it is not the subject of our study it is important to mention the interaction between the concept of the self and the concept of the mother. The disturbed child comes to believe that even the best mother would be a bad mother for him because he himself is so undeserving and so bad that he elicits badness in others who try to be close to him.

The anxious angry child anticipates parental disapproval or punishment but nevertheless aims at obtaining love and affection. A frequent method by which he tries to obtain this love is by complying with his parents' requests and denying his own wishes. He may see that there is no other way out, that his parents, although "good", never yield; he may obtain love or approval and therefore maintain some self-esteem only at the price of compliance.

The child becomes a compliant person. It is possibly these children who Leary (1957) describes as so inhibited that they cannot express themselves even in the private language of symbolism (in the "preconscious" level).

Other children find out, instead, that their parents, although "good", yield only if they continue to cry or to have temper tantrums, if they insist and argue for what they want. They learn from experience that the fight will be rewarded. They develop an aggressive, hostile personality. It could be that a constitutional predisposition makes these children prone to experience rage more intensely than fear.

Other children learn that the best way to avoid fear, anxiety and anger is not by complying or fighting (parents will not give in to these methods), but by keeping away from their parents as much as possible by maintaining an emotionally aloof detached personality.

Lidz and Lidz and Rubenstein in an article on "An Anaclitic Syndrome in Adolescent Amphetamine Addicts" (1977) show that the addicted had highly traumatic experiences in the latency period (p 323). They emphasize the continued need for objects at this age. A child, a preadolescent, an adolescent or even an adult needs significant persons to guide, delimit as well as foster self-esteem and provide narcissistic gratifications until internalizations of parental objects become sufficient to permit self guidance and adequate estimation of the self. In brief, there is an important relationship between object constancy and the internalization of essential objects. But the attainment of object constancy cannot provide security if the object is inconstant and unreliable. We must appreciate that in most instances the nurturing objects of infancy, who later become objects evoked in memory, and who then become objects of identification and internalization, are the same persons, even though they may act or react differently over the years.

In the above-mentioned study the patients showed extreme dependence on the constant presence of a supporting object. The authors emphasize that this derives not only from pre-oedipal deficiencies in nurturant care but also from deficiencies in the internalized objects. Hence we can understand also the importance of post-oedipal influences in these patients' personality disorders.

Summary

Our study accepts the psychoanalytic frame of reference for the description of normal and disturbed development. We emphasize the significant events taking place in early development with an emphasis on describing the mother-child relationship. We investigated boys 10 - 12 years old. This age is known as the latency-preadolescent period. The short review presented here shows that there are authors who regard this period as a mere suspension of issues from earlier stages. Others consider this stage as a reliving of archaic types of relations. Still others assume that this age has its special core of conflict, though its resolution is based on integration of previous stages. It is at this age that wider society becomes significant. This brings the problem of group formation; it is a time when feelings of belonging are developed. Children meet other children, parents of other children, and teachers. The concept of the mother also undergoes a change due to the acquisition of the image provided by the child's culture. In conclusion we may assume that valid assessment of this age requires consideration of all relevant lines of development and their complicated interaction in the total configuration.

Intrinsic Versus Environmental Factors

According to Mahler it is difficult to assess which part intrinsic

and which part environmental factors play in the etiology of infantile psychosis. Mahler says that in a number of cases light has been thrown on the complex interaction between pathological mothering and the development of psychosis. In many other cases, especially where the mother appeared to be less disturbed, pathogenic interaction between mother and child is not so clearly discernible. According to Mahler, children suffering from infantile psychosis are not to be thought normal children in whom a psychotic process is induced by an emotionally disturbed mother. It is the very existence of a constitutional ego defect in the child that helps to create the vicious circle of a pathogenic mother-child relationship by stimulating the mother to react to the child in ways that are deleterious to his attempts to separate and individuate. Mahler indeed speaks of infantile psychosis. We assume that the defect Mahler discusses does not exist with the disturbed children in our study or if it does exist, the child's inability to perceive the good mother or to use her to come to know reality is not so extreme as to shatter the ego or to break the tie with reality.

Rosen (1962-1963) uses the concept of "early maternal environment" to explain the whole psychodynamic of schizophrenic psychosis and, later, the characteristics of psychotic symptomatology. For Rosen, whatever impinges upon the child is experienced as related to mother. Whatever has to do with mother, according to Rosen, gives shape to the appreciation of the world. Rosen seems to believe in the reality of the intensive perverse motherhood. In other words, Rosen accepts the experiential mother as a real mother, just as the disturbed child does. When patients in psychoanalytic oriented therapy discuss their mothers at length, they tend to re-experience her as they did during the first psychodynamic period.

Each child has to be criticized at times, but the good mother will permit him to recuperate between one punishment or criticism and another and will not cause too strong or too frequent psychological

unpleasure. No matter how critical, the average mother will not inflict on the child an inner feeling of worthlessness. Similarly, the average mother in some cases may not be able to prevent herself from preferring other children, or may not be able to abstain from making promises she will never keep. Nevertheless she is able to give the child a feeling that he too counts and is never forgotten.

Many authors have done research into disturbances of communication within the family itself. For instance, Bateson and Associates (1956) have advanced the so-called double-bind theory. Although the situation they describe may be applied to any age of the patient it is particularly in late childhood that it is thought to take place. Bateson and his Associates do not assume that the double-bind is inflicted by the mother alone. What is probably quasi-specific in the double-bind situation is the fact that contradictory and negative injunctions come from some source, generally the mother or mother-substitute.

Perception of the Mother Image

Clinical findings give strong support to the theory that parent-child relationships are connected with the personal development of the child and with his adjustment (Jackson 1953, Martin 1942, 1943, Newell 1934, Simonds 1939), but it has been difficult to identify actual factors in the mother's behaviour which influence personal development. Myriads of intangible little factors operate here; the scientifically-minded researcher who would prefer to calculate their algebraic sum is doomed to frustration. Follow-up studies of mother-child relations have met with many difficulties and years of research have proved ungratifying. Many investigators assume that it is not the parents' behaviour itself which is decisive for the pattern of the child's reactions and moulds his personality, but rather the way the child perceives parental

behaviour. No doubt these perceptions are based on countless experiences, predispositions, interactions and all the other variables we have dealt with up to now. It appears that it is less relevant to discover the actual environment which the child is exposed to than to examine how the child perceives this environment.

Warr and Knapper (1968) state that the perception of human image includes the awareness of the inner and outer state of others. Perception of the image of a person affects principally our impression of him as an individual (impulsive, anxious, etc.). Heider (1958) says that perception of a person's image includes the foci of those things that the person can do to us. A person may be perceived as useful or harmful, as acting towards a goal, as an emotional being pursuing us, loving or hating us. The expression perception of a person's image traditionally includes "judgment of others". Some of these judgments are judgments of hidden variables which many investigators regard as attitudes. When we discuss the child's perception of the mother image we mean by this his perception of her activities, feelings, norms, aspirations and so on.

Hoffman and Lippit (1960), discussing the variables of family life, note that there is a continuum of factors which vary in their causal relation to the overall adjustment of the child. They claim that the closest and most decisive variable in the continuum is the child's perception of his family and the general behaviour of his parents. Ausubel (1954) in his study maintains that the fundamental relationship is between the child's perception of his family background, and the child's adjustment. The parents' behaviour is an objective event in the real world, but this event affects the child only so far, and in the manner that the child perceives it. The parents' behaviour as it is perceived constitutes a more relevant factor in the personal development of the child than the actual stimulus to which the perceived behaviour relates. The connection

between the parents' behaviour and the perceived equivalent is of course an important problem in itself (see chapters "Mother-Child Relations in Normal and Disturbed Boys" and "Crystallization of the Mother Image at Various Levels").

A study by Serot and Teevon (1961) gives support to the view that the way the child perceives his relation to his parents is connected with his adjustment. The well-adjusted child perceives his relation to the parents as relatively happy and close to the theoretical ideal; the disturbed child's perception is far from the theoretical ideal.

A study by Uddenberg and Englesson (1980) deals with the perception of the mother in four and a half year old children. The information from the child was summarized in two scales measuring how "warm" and how "strict" the mother was perceived to be. These scales are somewhat parallel to the scales of the "good mother" and the "bad mother" in our study (see chapter "Building of Measures"). In their investigation, the child's perception of his mother was studied in a projective play session. Various situations representing an "orderly day in the family" were reproduced by playing with a doll's house. In our study one of the levels was also measured by a projective technique, though we should remember that our technique differs from the projective technique used by Uddenberg and Englesson and that the age of the child must also be considered.

The results that have relevance to our study are: 1. Mothers described as "strict" or "not warm" characterized their children negatively more often than those described as "warm" or "not strict". 2. In general, mothers described as "strict" or "not warm" reported poorer mental health than those described as "warm" or "not strict". 3. No correlations were observed between the mother's report about her social situation and the data from the play sessions.

A study by Uddenberg, Walinder and Hojerback (1979) adds support to the view that the way the child perceives his relations with his parents is connected with his adjustment. They studied parental contact in male and female transsexuals. The parental contact was estimated for the following life periods: 1. Childhood, ie, from earliest memories to approximately twelve years of age. 2. Adolescence, ie, twelve to eighteen years of age. 3. Adulthood. Based on the reports of the subjects, parental contact was scored into four categories: Very good contact, good contact, moderate contact and poor contact. In the statistical calculations, subjects reporting good or very good contact were grouped together and compared with subjects reporting moderate or poor contact. This way of dealing with the result is similar to our way of dealing with the "good mother" and the "bad mother" (see chapter "Building of Measures"). The result that has relevance to our study is that unsatisfactory contact with the mother in childhood was reported by 33% of male transsexuals compared to 4% of the control group (military conscripts). The level of significance was $P < .0001$. Though gender identity grows out of an interaction of constitutional and environmental agents, this study suggests that disturbed parental relations may be a contributing cause in these cases. In general, transsexuals much more often than other young adults reported unsatisfactory relations with their parents.

Summary

Identifying actual factors in the mother's behaviour influencing personality development appears to be a complicated task. A very important variable is the child's perception of his mother. Therefore, in our study, we concentrated on exploring perception of the mother's image. We are aware that a report of defective parental relations may in fact indicate that certain behaviour in the child made it difficult for the parents to interact with the child in an adequate way.

Crystallization of the Mother Image at Various Personality Levels

The Conscious-Factual Level and the "Preconscious" Level (The Building of Early Defenses)

According to Freud, the biological origin of the differentiation between good and bad lies in the tendency to swallow the good and expel what is bad. Thus the ego tends to absorb objects which give it pleasure and to reject painful experiences from the range of consciousness. The orthodox Freudian view is, that which is warded off from consciousness is instinctual impulse or its disturbing derivatives. Psychoanalytic theory, and particularly the Kleinian school of psychoanalysis (Klein 1960), emphasizes the innate biological background of ambivalence as originating from the life principle (Eros) and death principle (Thanatos). As a result, there is always a duality in man's attitude to himself and to his objects.

According to Sullivan (1949), interpersonal feelings which are anxiety-arousing are selectively kept from awareness (see chapter "Levels of Personality", paragraph The Level of Private Perception). Neo-Freudian theories (Horney 1945, Sullivan 1953) state that the existence of love and hate is not biologically conditioned, but is conditioned by the social development of the child and its inevitable contradictions. Whatever the explanation, there is a general agreement that sooner or later this conflict arouses in the child anxiety, guilt and even fear for his own security in relation to the object of his love. As a result, the ego undertakes various measures to separate the two attitudes. The positive, loving attitude to his parents generally remains conscious, while the negative attitude is repressed into the "preconscious" and to the unconscious.

Differences between conscious and unconscious images of the parents are explained by many theoreticians in relation to the phenomenon

of ambivalence and attempts to resolve it. On the one hand, the mother represents for the child the "pleasure principle" and on the other hand she stands for the "reality principle" (adjustment to social convention). Thus she becomes the focus of a conflicting and inevitable attitude of both love and hate.

Kernberg (1966, 1975) emphasizes that positive and negative interactions are kept separate because they do not occur at the same time and, as well, because of the ego's inability to integrate them. This split also defends the ego against anxiety, and only at a later stage does there develop a striving to integrate the two attitudes. The resolution of the conflict of ambivalence occurs when the ego is able to accept and regulate positive and negative feeling towards itself and others, though remnants of this conflict remain, nevertheless, in everyone. It can therefore be expected that the conscious-factual image of the parent will be more positive than the unconscious image. The content of the image and the size of the gap between them will differ, both as a function of the stage of development, and as a function of one's mental health.

Arieti (1955, p 47-54 and 1974, p 94-96) speaks of a form of defense in which unpleasant experiences are removed from consciousness. The child we have described is in a very distressful situation. Parents are experienced as grotesque inner images or are transformed into terrifying fantasy figures. The self also is seen as a deformed, grotesque, worthless creature or as a bad person.

What we have just expressed is a translation into adult language of what a child age 2, 3 or 4 experiences. Because he does not have the vocabulary necessary for expressing these feelings and emerging ideas, he often mediates experiences through what Arieti (1974, p 94) calls "endocepts" (or pre-verbal structures). This possibility is beneficial: endocepts are not representations and are not generally acutely traumatic. However, the child must resort to other defenses, especially when the inner objects are very

painful, and he cannot bear them. If these inner constructs are allowed to become connected with an increasing number of ramifications and implications they would increase in potentiality and devastate the psychological life of the child. Arieti states that one of the major defenses consists in separating from consciousness (or dissociating) the emotional impact of these constructs. A massive repression ensues. In the majority of cases the child who has at first to contend with the image of the malevolent mother succeeds in repressing it from the consciousness. At conscious level he succeeds in transforming the malevolent Thou into a distressing Thou. The Thou is still distressing, but it has lost the power to demolish the patient. In conditions that lead to psychoneuroses or character disorder, the child who suffers on account of his relation with the rejecting parent, generally the mother, tries desperately to preserve a good image of the parent, and he often succeeds to a very pronounced degree. He wants to feel that the parent is good. If mother is punitive and anxiety-provoking it is not because she is bad but because he, the child, is bad: mother is right in being harsh and strict and showing him how bad he is. The child who is raised in this environment and wants to maintain the image of the mother as a benevolent person tends therefore to accept her negative appraisal of him.

The preservation of the good image of the mother is made by the removal from consciousness of the most unpleasant traits of the parent. Thus the child will have two images of the parent: the good image which is conscious and the bad image, which will remain "preconscious" or unconscious. The good parental image appears in myths, legends and dreams as God, the fairy, the magic helper, the protector. The parental bad image appears as the witch, the step-mother, the bad man and so forth.

Why does the child need to preserve the image of the good parent? In early childhood the parent, generally the mother, is the person who connects the child with his environment; she is the Thou,

representative of the interpersonal world. The child must accept her in order to fulfil his inborn potentialities for maturation and socialization. If she is not good, his need and desire to accept the world will be thwarted, and certain tendencies toward autism and arrested socialization will manifest themselves. In cases where the mother is not exclusively the important adult, this need to preserve her good image is not so strong.

There are other reasons for wanting to preserve the image of the good parent. It is more tolerable for the child to think that he is punished by the good parent because he deserves to be punished than to think he is unfairly punished. If he is punished when he is not bad, he will feel despair; the situation will seem to him beyond remedy, hopeless. It seems to him that he is so horribly worthless that he must be punished when he has not been bad. Some children actually force themselves to do "bad things" because they prefer to be punished for what they have done rather than for what they have not.

In the majority of cases where real disturbance exists, the transformation of the image into a benevolent parent does not take place. At a conscious level the Thou remains distressing although not malevolent. Moreover, the characteristics of the internalized mother are to some extent generalized to all women or to all adults. In his disturbed behaviour the child may fight the human world.

In a minority of cases of maladjustment, the child is able to retain the good maternal image that he built before the end of his second year of life, when the mother related to him with care and devotion. In these cases the child tends to continue to act like a baby, or manifests strong regressive tendencies toward babyhood.

Summary

The image of the parent on the factual level crystallizes in the child's mind through experiences of various kinds with the mother. These experiences are involved in the child's social development and its demands. The "preconscious" image of the mother is connected with the overall concept of the "preconscious", as built up in part from impressions and experiences which were conscious and then repressed. The "preconscious" image of the mother comes into being in early childhood and later, so that it is constructed in part from images of the pre-verbal stage, during which there occurred highly significant experiences with the mother; another component of the "preconscious" image of the mother is built up from experiences which represented a threat to the parent's image, so that they were repressed via the defense mechanisms of the ego.

The Level of Norms and Values

One of the basic concepts for understanding the mother image at the level of norms and values is the concept of identification. Identification is defined as the child's effort to shape his ego according to the example of the person chosen as an example and model (Freud 1917, p 46). Parents serve as the source of discipline through which the child learns values and norms, including the norms of parental behaviour. Freud (1917) speaks of the child's learning through a process of identification to adapt himself to the prohibitions of his parents by investing energy in the values he has internalized. Since Freud, identification has been seen as a cardinal element in the development of many aspects of personality, including sexual identity and individual conscience, a complex consisting of norms and standards. In spite of changing ideas about the concept of identification over the years, one basic element remains: identification is based on an

emotional relation to an object -- either the parent or a parent surrogate. The process of identification is rooted in the child's fear of losing the love of his parents. To assure himself of their continued love and to lessen his anxiety, the child strives to incorporate in himself features of his parents, including their norms and values. Freud believed that such a process characterized girls only. Today, most investigators accept the conclusion that this process is basic to the development of both sexes (Kagan 1958, Seward 1954, Slater 1961, Whiting 1960, Gedo and Goldberg 1973, Kernberg 1975).

The relevance of the concept of identification for our present study lies in the fact that even when the child formulates norms and standards for the behaviour of the parents, those norms will be related to the norms that his parents hold. The child's norms for the behaviour of his mother will be related to those that the mother herself holds.

There is a problem in the concept of identification, known as the problem of overall identification. Those who accept psychoanalytic theory believe that the child identifies with various aspects of his parents. Hoffman (1970) maintains that the child identifies more strongly with standards that are expressed verbally, while he has difficulty in identifying with standards that are not so expressed, in spite of strong motivation to do so. As regards the subject of our present study, we tend to view the mother's behaviour in practice as the source from which the child draws his image of the normative mother, even if the mother does not express these norms verbally.

The problem becomes more complex when the mother transmits to her child information about the image of the normative mother -- that is, the mother as she ought to be -- which contradicts the way she herself behaves in practice. Apart from this possibility, the mother will be the principal source of the norms her child

internalizes regarding how a mother ought to behave.

A number of theories supplement those of Freud. These stress the role of society and the social group as the source from which the child derives ideals and standards of behaviour (Fromm 1955, Sullivan 1953, and others). The image of the mother, at the level of norms, is related to ethical standards. Ethical standards exist in every culture, though not all members of the group adhere, overtly or covertly, to the same system of values. Values regarded as good and bad differ, but what remains stable is the assumption that there exist standards of good and bad. In the section discussing differences between communities in perception of the mother image, we shall enter further into the question of the role of norms in moulding the rules of behaviour, including perception, and the tendency of the individual to adhere to societal norms in order to combat anxiety and achieve security (Leary 1957, p 202).

Arieti (1955, p 53) discussing the disturbed child, remarks that sometimes the child has norms of his own. It may happen that the child exchanges his own values for those of his parents. When he chooses his own values, he may feel guilty, but if he follows his parents' values, which conflict with his own, he will feel victimized for having submitted to the pressures of the environment.

The Level of Aspirations

Kluckhohn (1951, p 432) says that in everyday speech ideals signify something unattainable, and thus conflict with desirable goals which are attainable. It may be said that the ideal value aspired to is a goal of the individual or of the group. Kluckhohn (1951, p 394) distinguishes between things that we or others want and try to get, and things that we or others ought to want (the desirable). The level of norms in our study deals with the

desirable; the level of aspirations includes something more. Kluckhohn says that values are only an element in motivation. Goals and values are related, but only rarely are they identical.

Having said that norms function as an overall guide to behaviour, we must add that goals have a specific target. Their function is to organize behaviour, and to give security. Where there is too great a gap between the existing state and the goal, frustration ensues. Kluckhohn and Murray (1949) speak of the connection between aspirations and ideals, on the one hand, and frustration or dissatisfaction, on the other.

If we accept the assumption that the personality tends to avoid dissatisfaction and prevents its repetition, then the process of lowering the level of aspiration would be a realistic way of reducing tension. Most people learn in the hard school of reality that too high a level of aspiration, even though exciting in itself, arouses tension which does not subside, so that disappointment is inevitable. Many people, those called "realists", lower their aspirations and so free themselves of the disappointment and frustration resulting from tension. Another way of dealing with this problem is to ignore humanity and create a more satisfying world in imagination (Kluckhohn and Murray 1949, p 32).

Differences Between Communities in Perception of the Mother Image

Because the primary aim of the present study was initially not to examine communal differences in perception of the mother image, no assumptions were formulated on that subject. In the section describing the sample, the reader will note that the various groups comprising the sample were selected for the purpose of arriving at general findings; so the sample consisted half of boys of Western (Ashkenazi) origin, and half of boys of Eastern (Sephardi) origin.

In the course of the study, questions arose about differences between the two communities in perception of the mother image.

Bar-Joseph and Padan (1964) note that in Israel group differences have developed which may be considered class differences. Apart from differences in occupation, income, standard of living, residential district, etc, they are marked by another characteristic: communal origin. An analysis by groups of the emergence of classes in Israel shows that groups of Eastern origin are concentrated at the lowest level from all points of view, and all attempts to break these patterns meet with great difficulty (Smocha and Peres, 1974). Research findings (Lissak and Dolev, 1977) on the subject of communal groups and ethnic problems deal primarily with the social and cultural gap, differences of income, achievement at school and intelligence level. Very little research has been done about parent-child relationships and the perception of the parents' image in particular. We shall, therefore, refer to theories and studies which aim in a general way to integrate a psychological and socio-cultural approach; we shall also refer to material relating directly to communal differences in Israel.

Kardiner and Linton (1945), in discussing the concept of "the basic personality", state that the techniques used by members of a group in bringing up children constitute cultural patterns which tend to be similar, though not identical, in different families in the same society. The cultural pattern of child-rearing techniques varies from culture to culture.

Kluckhohn and Murray (1949) and Kluckhohn (1964) say that cultural patterns influence perception of reality, including perception of norms and goals.

F. Kluckhohn (1964) remarks that specific patterns of behaviour influenced by cultural factors (and very few are not so influenced) form a concrete expression reflecting the general significance of

values. When we discuss parents' attitudes towards their children we are talking about something specific. At the same time, we must not forget that a mother's behaviour toward her child, and equally the child's perception of his mother, belong to a wider complex of values. It seems probable that the organization and orientation of values will affect the child's perception of the image of his mother and his judgment of her, as well as the aspirations he entertains regarding her.

R. Benedict (1964), Cohen (1973), and Linton (1965) in their anthropological studies emphasize the importance of those norms and values defining the functions of parents in every society. The parent's image which the individual forms is linked to social definition of the parent's role in the particular society in which he grew up and lives. The child's perception of his mother's image is influenced by his experience in the cultural and social environment in which he grows up.

Minturn and Lambert (1964) associate differences found in mothers' behaviour with social and structural differences which exist between different societies. It was found that the degree of warmth shown by the mother is connected with the degree of privacy in residential arrangements; the mother's emotional stability is associated with the number of children in the family. In the extended family, mothers tend to be strict when their children act aggressively towards friends, but tend to encourage that same aggression when living arrangements in the society provide for the nuclear family to live separately. Inter-cultural differences in the manner of dealing with the child's aggression towards his mother, and in the education of the child towards responsibility, have been found to be related (though not entirely so) to the degree to which the mother contributes to the support of the family. When the mother's contribution to family income is high, reaction to the child's aggression is stricter, and the demand for responsibility is greater.

Bronfenbrenner (1958) reviews studies in this field from the point of view of classes and social patterns, and concludes that the common element is the finding that working-class parents are more authoritarian than middle-class parents.

Cohen (1973) claims that this difference in the two classes is a matter of different norms and values regarding the education and rearing of children. He assumes that the difference in values originated in differences in the occupations of the two classes. Middle-class parents demand a higher degree of self-determination, while working-class parents demand obedience to rules.

Eldern and Bowerman (1963) opine that the degree of authoritarianism in upbringing is related to the number of children in the family (which is also related to social class, though not entirely). Parents of large families take steps to limit the children's activities and make less use of psychological techniques than do parents of smaller families.

It is worth mentioning that a study by Neugarten and Gutman (1958) found that differences in perception of the parents' image are not related to their class affiliation, but are related instead to the sex and age of the subjects. Using a modified TAT, a projective test, they found that the different social classes did not reveal differences in perception of the parents' image. On the other hand, studies that used questionnaires regarding the child's perception of the parents' image did find class differences.

Whiting (1963) claims that educational demands which characterize all cultures are not related to the child's needs, but are based on the natural and social conditions prevailing in that culture, and it is these conditions which dictate the forms of child-rearing. Once these modes of education have developed, a system of norms and values is constructed around them with the function of preserving and supporting them. The conclusion: it is not

the norms and values which have priority, as other investigators maintain but, on the contrary, the educational requirements which have moulded the values.

Frankenstein (1952), in discussing a psychological approach to the problem of group differences, refers to the decisive influence of patterns of thought on the developmental processes, stressing the orientation and adaptation of the individual as belonging to a specific historical and social group. In his debate with Rothenstreich, Frankenstein maintains that the difference is neither purely accidental nor temporary, but continues to exist for a long period in spite of the forces acting in a contrary direction in a new society. He refers to cultural patterns as "belonging" to the psychological structure of a human being. If we link this approach to the assumption that the family constitutes the "basic instrument" in the process of formation of the child's personality, and that the mother plays a cardinal role in the function of parenthood, then an examination of communal differences in relations of mother and child, including the child's perception of the mother's image at various levels, should help us to understand the patterns of thought and the value judgments that influence the child's psycho.

The work of B. Barzilai-Frizel (1967) is, with certain differences, directly related to the topic under discussion, and we shall discuss it more fully. This study examines inter-cultural differences in perception of the images of the parents. The groups tested were Western European, Eastern European, Arab and Sephardi. Perception of the images of the parents was based on tests of apperception (TAT), so we may say the study investigated the level corresponding to the "preconscious" in our present work, which is also defined as a response to a projective stimulus. Barzilai-Frizel's study differs from ours in that the sample consisted of subjects who were themselves parents, while our sample consists of

children. In that study, perception of the image of the mother was compared to perception of the image of the father. Also compared was the male parental perception with the female parental perception, the results of which we shall not quote here, as they are not directly comparable to ours.

The striking finding in that study was the high negative attitude towards the mother's image in the West European group. Next in negative attitude regarding the mother's image came the Sephardi group. The East European group came third. The lowest negative attitude toward the mother's image was found in the Arab group. Regarding the mother's mode of guidance and control, the Western group perceived the mother as more indifferent and submissive than did the Eastern groups, particularly more than did the Arabs. It was also found that Oriental mothers tended to make greater use of psychological forms of supervision than Western mothers. (The Arab mother used guidance and persuasion, while the Sephardi mother provided a supportive framework).

In comparing Western groups, the mother perceived as controlling and guiding was more favourably regarded in Eastern Europe than in Western countries; while in a comparison of Eastern groups, the authority of Arab mothers was perceived as greater than that of Sephardi mothers.

Summary

Integration is considered to be a major aim in Israeli society, particularly in the school system. That system has accepted as a challenge the creation of a unified Israeli society, in spite of vast differences between ethnic groups and social classes. Research findings on the subject of communal group and ethnic group problems

deal primarily with social and cultural gaps, differences of income, achievements at school and intelligence level. Israel spends much energy, money and thought for this purpose. But very little research has been done into ethnic differences in parent-child relations. We refer here to approaches that aim to integrate the psychological and the socio-cultural approach. Patterns of child-rearing techniques vary from culture to culture. Cultural patterns influence the perception of reality, including norms and goals. We must not forget that a mother's behaviour toward her child, and equally the child's perception of the mother, belong to a wider complex of values. The parent's image which the individual forms is linked to social definition of the parent's role. Differences continue to exist for a long period in spite of forces acting in contrary directions in a new society. Though the family constitutes the "basic instrument" in the formation of the child's personality, his mother plays the most crucial part in this process. Therefore it is important to study mother-child relations in the different ethnic groups. This we have done by studying ethnic differences in perception of the mother image at various levels.

Communal Differences and Language Problems

Despite the differences which exist between communities in Israel, it should be noted that Hebrew as it is spoken in Israel is one language. That is, in spite of the differences pointed out above, there are no problems of dialects. Now and then it is possible to identify the country of origin of the speaker by his accent, but this fact is irrelevant to our study, since its subjects were all born in Israel, speak with a similar accent, and understand one another well. The uniformity of spoken Hebrew can be explained by its history. Hebrew is indeed an ancient language, but for many

generations it was the language of the Bible and prayers only; it was not a spoken language. Since the renewal of Jewish settlement in the land of Israel and the Ingathering of the Exiles from many parts of the world, the Hebrew language has come to life again.

In the nineteenth century, Eliezer Ben-Yehuda (1858-1922) led the revival of Hebrew as a living spoken language. He greatly enlarged the Hebrew vocabulary by the creation of many useful words for daily use, and prepared a dictionary of modern Hebrew, completed only after his death. In his writings, Ben-Yehuda set out to create a style suitable for daily use by ordinary people, and in this he succeeded. It is important to stress the unity of the Hebrew language, because readers abroad are liable to err, and to attribute certain aspects of the findings of this study to differences of language, which is not the case.

HYPOTHESES AND THEIR BASES

Comparison of the Different Levels: Hypotheses 1 - 3 relate to the whole sample.

1. In the conscious-factual level, Level I, the mother image will be perceived more favourably than at Level II, the "preconscious" level.

Basis: Psychoanalytic theory claims that part of the unconscious image of the mother was established through conscious experiences which were evaluated as a threat to evaluation of the parent, and were then repressed through the defence mechanisms of the ego. The ego uses techniques by which the positive attitude to the parent remains conscious, while the negative image is repressed into the "preconscious".

2. The mother will be perceived in a similar way at Level I, the conscious-factual level, and at Level III, the level of norms.
(NB: This hypothesis relates to the whole sample.)

Basis: According to psychoanalytic theory the child, by identification, absorbs his parents' norms and values. In the present study, this is interpreted to mean that the parents themselves will be the source of the norms applied to their behaviour, including norms for the mother's behaviour. Thus norms defining how the mother "ought" to behave are related to norms the mother

herself holds, and according to which she behaves.

This hypothesis receives support also from the theory of cognitive dissonance (Festinger, 1957) -- does the child perceive his factual mother as better or worse than she ought to be? If we assume that the mother does not verbally transmit to the child standards and norms concerning how a mother ought to behave, then a contradiction between the mother's behaviour and the values of her child (holding values different from his mother's) will result in cognitive dissonance. To avoid this situation, the level of norms will be adjusted to the factual level. Consonance will be attained in the sense that the mother behaves as she "ought" to behave.

3. The mother will be perceived at Level IV, the level of ideals better than at Level III, the level of norms.

Basis: Level IV includes aims and desires that are less influenced by the demands of reality. A further consideration is the inclination to combat anxiety and achieve security by idealization of the parent (Kreitler and Kreitler, 1965).

The first three hypotheses can be summarized in a comprehensive model:

$$II < I \sim III < IV$$

An examination of the three remaining differences between the factual level and the level of aspirations, between the level of norms and the level of aspirations, and between the "preconscious" level and the level of aspirations, depends on confirmation of the overall model above. These differences will be examined, but not as hypotheses in themselves.

Comparison Between a Group of Normal Children and a Group of Disturbed Children: In each case, the comparison will be carried out between the normal group and the disturbed group, at the corresponding level.

4. A comparison between Level I and Level I (the factual-conscious level). There is a difference between the two groups; the direction of the difference is not clear.

Basis: It is possible that disturbed children have a tendency to solve problems by rejecting the world of existing humanity, and constructing a more satisfying world in imagination (Kluckhohn and Murray 1949, p 32). On the other hand, the factual image of the mother may be influenced, in disturbed children, by negative aspects of reality, as in the case of a schizophrenogenic mother; here the child's perception at this level will be more negative in disturbed children than in normal children.

5. A comparison between Level II and Level II (the "preconscious", projective level). The normal group will perceive the mother at this level more favourably than does the disturbed group.

Basis: According to psychoanalytic theory, as extended by Mahler, the disturbed child has had negative experiences with his mother, which he has had to repress either because of these negative experiences or because he himself was not able to absorb the stimuli coming from the good mother.

6. A comparison between Level III and Level III (the level of norms). There is a difference between the two groups in their perception of the normative mother; the direction of the difference is not clear.

Basis: It is possible that disturbed children, because of a defect in the process of identification, have been unable to internalize values, or because of their frustrations will lessen their demands for norms. On the other hand, it may be that disturbed children have been exposed to a rigid and uncompromising system of values expressed in very severe and strict normative demands. It may be,

therefore, that in the child's striving to allay anxiety, norms tend to become more extreme, uncompromising and less capable of taking reality into account (Kreitler and Kreitler, 1965).

7. A comparison between Level IV and Level IV (the level of goals and aspirations). One hopes for a significant difference between the two groups in the perception of the mother at this level. The direction of the difference is not clear.

Basis: It is possible that disturbed children have a tendency to lean towards exaggerated and unrealistic demands because of attempts to allay anxiety by means of idealization (Kreitler and Kreitler, 1965). It is also possible that because of deprivation in experiencing the good mother, these children tend to construct a better and more satisfying world in imagination, ignoring and rejecting the existing human world around them (Kluckhohn and Murray 1949, p 32). On the other hand, their aspirations may be low because of frustrating experiences in real life.

Comparison between Normal Children and Disturbed Children as regards the Absolute Size of the Gap between Levels: Examining each gap separately we have: I-II, II-III, I-III, I-IV, II-IV, II-III.

NB: This hypothesis relates to absolute values of the gaps, and does not take into account the positive or negative nature of the image, as the previous hypotheses did. The size of the gaps will be estimated for each subject separately, and the groups will be compared by a comparison of the gaps.

8. We anticipate smaller gaps in normal children than in disturbed children.

Basis: (1) Various factors affecting the disturbed child's image of his mother at a certain level do not affect the normal child's image, or affect it in the contrary direction at a different level. This factor increases the contrast between levels.

(2) The disturbed child's image of his mother is affected by various components which do not exist or exist to a lesser degree in normal children. (These factors are detailed in the Basis relating to hypotheses 4 - 7.)

(3) If a gap is perceived as giving rise to conflict, the probability is that the gap will be greater in disturbed children than in normal children.

METHOD

Operational Definitions of the Personality Levels

- a) Conscious-factual Level. This level will be defined in terms of statements that the child makes about his mother as they relate to him in practice, ie, statements which he makes in response to questions like "Mother likes to talk to me and spend a lot of time with me". Correct. Fairly correct. Not correct.
- b) "Preconscious" Level or the Response to a Projective Stimulus. The projective content relating to the image of the mother in this study automatically becomes Level II, eg, "Does the mother in the picture give the child much time and attention?" (This question will be posed with regard to a picture of a family that the child has drawn. See paragraph, The Instruments). This definition is based on the fact that there are subjects who do not express their private thoughts and fantasies. Some subjects repeat in response to a projective stimulus the same content they gave at the factual level. As a result, at this level we sometimes receive the same content as the subject is prepared to express in a test situation. The expression "response to a projective stimulus" fits this level. As there is no simple way of designating "that which the subject selects to express in response to a projective

stimulus", we have chosen, following Leary (1957) and despite some doubts, to employ the terms "preconscious", "projective" and "symbolic imagination" as terms identified with Level II.

The "preconscious" is not identical with the term used by Freud. In defining the "preconscious" Freud followed Breuer in stating that the "preconscious" is that which can easily become conscious. In our definition, we have followed Leary (1957).

- c) Level of Norms and Rules. This level is defined here in terms of the child's statements regarding how a mother should or should not, ought to or ought not to behave toward a child in general. Following this our work will consist of questions regarding how a mother should or should not behave toward a child (eg, "A mother should give her child a lot of care and attention". Correct. Fairly correct. Not correct.)
- d) Level of Ideals. (The Aspirational Level) This level is defined in terms of the child's statements regarding future actions, behaviour, objects or situations which he desires or to which he aspires. Following this the level of goals in our work will consist of questions reflecting desired relations between child and mother (eg, "I wish that mother would give me a lot of attention". Correct. Fairly correct. Not correct.)

Definition of the Gaps between Levels

Following Leary (1957) we have used classical psychoanalytic terms where these fit the general character of the gap. Confusion between definitions of the gaps and psychoanalytic mechanisms can

be avoided by keeping in mind the operational definitions of each gap. To make this easier to follow, we shall present the definitions in terms of big gaps and small gaps.

Assumed significance of big gaps and small gaps

Levels	Description of levels	Assumed significance of small gap	Assumed significance of big gap
I-II	Gap between factual-conscious level and "preconscious" level	Harmony between conscious and "preconscious" images	Gap between conscious and "preconscious" images of the mother
II-III	Gap between "preconscious" image and level of norms	"Preconscious" esteem of the mother	No "preconscious" esteem of the mother
I-III	Gap between factual level and level of norms	Child's esteem of the mother	Child's lack of esteem for the mother
I-IV	Gap between factual level and level of aspirations	Child's acceptance of the mother	Child's non-acceptance of the mother
II-IV	Gap between "preconscious" image and level of aspirations	"Preconscious" acceptance of the mother	"Preconscious" rejection of the mother
III-IV	Gap between level of norms and level of aspirations	Identity between the child's values and his aspirations	No identity between the child's values and his aspirations

The Sample

The disturbed group of subjects in this study falls into two sub-groups. One of these consists of children who, in spite of disturbances in their development, were able to continue their education in regular schools, though they needed special attention. The other group consisted of children who, because of the nature of their disturbance, had to be taken out of the regular school system and sent to special schools for disturbed children. The first sub-group is referred to in this study as group A, and the second sub-group is referred to as group B. The control group is referred to as group C. Each group contains thirty subjects, making a total sample of ninety subjects.

Experimental Group A (Children in treatment). These are children who were recommended for psychotherapy or psychological treatment in a therapeutic class. We have referred to them as children in therapy. Therapeutic classes are designed for children of normal intelligence who show psychological difficulties in adaptation, and so do not function properly in their studies or in society. They attend regular classes at school, and in addition receive treatment 2-4 times a week. In order that this study should not be influenced by the therapeutic process, our research was carried out before the treatment began.

Experimental Group B (Children in special schools for disturbed children). These are children of normal intelligence who, on account of psychological disturbances leading to disturbed behaviour, are unable to fit into existing regular schools. Our research was carried out just before the children entered the special schools.

Control Group C. Children attending regular schools, and who show no signs of disturbance.

Rationale for Division into Groups

Definition of Normality and Definition of Disturbance

Leary (1957, pp 27-28) offers a qualitative definition based on considerations of values related to social adjustment and to conformity with social stereotypes of what is considered to be normal. This definition does not take into account the factor of personal adjustment. For the purpose of the present study, we have used a qualitative definition for adjustment or maladjustment. The disturbed group in this study are children who have not met the requirements of what is considered normal in our society. They are children who have shown difficulties of adjustment in one field or another; have been examined by the psychological services and considered to be disturbed and in need of special treatment, either by transfer to a special establishment capable of meeting their needs, or by special therapy within the regular school system.

Normality for the purposes of this study is defined as the absence of pathology. The control group was composed of children who more or less met the demands of society.

The different groups could have been divided according to nosological criteria. Most of the children in group A (children in therapy) had been classified by the psychological services as neurotic. Children in group B (attending special schools for disturbed children) had been described as being pre-psychotics or having behavioural disturbances or personality disturbances. The children had been diagnosed before they were classified by the various psychologists, so that ~~one~~ cannot claim there was uniformity among the diagnosticians. The problem of criteria for distinguishing nosological groups is, of course, well known. We therefore preferred to follow Leary and rely on a qualitative definition, and continued to refer to group A as "Children in

therapy" and to group B as "Children in schools for disturbed children". Had we chosen to employ nosological terms for classifying the groups, we would have been obliged to test the control group C as well, and to choose a group which, according to test results, should be considered "normal" or "not disturbed". It is superfluous to detail the problems involved in defining normality on the basis of test results.

Controlled Variables

1. Sex: Subjects were all male.
2. Age: 10 - 12 years of age.
3. Intelligence level: Subjects ranged from 90 - 120 IQ as tested on the Wechsler test.
4. Community: In each group, half the children were of Western origin, and half were of Eastern origin.
5. Mother: All the subjects participating in this study lived with their biological mother. Children who had lost their mother, and children who had lived with foster parents for a period, as well as children who had lived for a time in an institution, were removed from the sample.

The Statistical Treatment

1. Analysis of variance using statistical program EMD passage.
W. J. Dixon (1972).
2. Pearson Product Moment Correlation Coefficient.
3. χ square. Nonparametric Statistic for Behavioural Sciences.
S. Siegel (1956).

Variables Measured for Control Purposes

One of the variables measured for control purposes was socio-economic status. This variable was measured so as to establish how far certain findings can be attributed wholly or in part to possible socio-economic differences between groups.

Socio-economic Status

Every subject was rated for his socio-economic status. The rating was based on the average between the rate for the father's occupation and the rate for the father's education. The key for the rating system follows.

Father's Occupation	Father's Education (Years)	Grade	Description
Unskilled labourer, services, worker in industry, building or trades	No education or partial religious education	1	Low
Agriculture (non-labourer), driver, policeman	Primary school education	2	Below average
Clerical worker, commerce, tradesman	Partial secondary schooling	3	Average
Administrative staff, teacher, higher administrative staff	Secondary schooling and partial higher education	4	Above average
Liberal professionals, technical workers	Full academic education	5	High

Table A

Socio-Economic Status

Table of means and standard deviation

Group	community	Eastern	Western	Total
A in therapy	mean SD	1.60 .69	2.90 1.31	2.25
B in special schools	mean SD	2.17 .82	2.63 .97	2.40
C control	mean SD	2.20 .41	2.80 .94	2.50
Total	mean	1.98	2.78	2.38

Analysis of variance for testing differences in socio-economic status according to groups and communities

source of variance	SS	df	MS	F	P<
G group of disturbance (A) in therapy, (B) in special schools, (C) control	.94	2	.47	.58	--
E community 1. Western 2. Eastern	14.00	1	14.00	17.28	.01
S(GE) group x community	3.01	2	1.50	1.85	--
part of error	68.07	84	.81		

Socio-economic Status

A two-way analysis of variance was performed in relation to socio-economic status (see Table A). The factors are: group of disturbance (A. Disturbed in therapy, B. Disturbed in special school, C. Control) and community (1. Western, 2. Eastern). No group effect was found. Our conclusion is that where differences on this variable have been found between disturbed groups and the control group, these can hardly be attributed to socio-economic status. We compared also both groups of disturbed (A + B) to the control group (C) on this variable. The mean of disturbed subjects was 2.33 and of normals 2.5. This difference is not significant ($d.f=88$; $t=0.74$).

The factor of communal origin, however, was found to be significant. The table of means shows that all Western groups were higher in socio-economic status than the corresponding Eastern groups. Nevertheless, in separate t tests, where Western subjects were compared to Eastern subjects in each group separately, only group A (disturbed boys in therapy) showed a significant difference in socio-economic status between the communities ($t=4.75$, $P < .001$). In group B (disturbed boys in special schools) as well as in the control group, the difference in socio-economic status is not significant.

The findings showed significant differences between communities in socio-economic status in disturbed boys in therapy, but showed no significant differences in socio-economic status between the communities in the disturbed group in special schools or in the control group. These findings are important in helping us to understand the findings relating to communal differences.

Intelligence Quotient

The intelligence quotient was a variable which was controlled by including subjects whose IQ varied from 90 to 120. We used the Revised Wechsler scale (1974) translated, reproduced and

standardized for testing Israeli children (Liblick A, 1976). A two-way analysis of variance (group x community origin) was carried out on the IQ variable. It is reproduced in Table B. No group effect was found. In addition, all disturbed subjects (A. disturbed in therapy + B. disturbed in special schools) were compared on this variable to the normal group (group C). The mean of disturbed subjects was 102.60, and the mean of normal subjects in group C was 105.13. This difference is not significant ($t=1.33$, $d.f=88$).

Our conclusion is that differences found between groups can hardly be attributed to IQ.

Nevertheless, the factor of communal origin was found significant at $P < .01$. A table of means shows the mean of Western subjects as higher than the mean of boys of Eastern origin. The question arises whether certain findings relating to communal groups should not be attributed in part or entirely to the factor of IQ. This view does not appear to us to be well-founded. A study of the table of means attached to Table B shows that in the various groups and communities the mean IQ ranges in the middle. The lowest mean was found in Eastern boys of group A, boys in therapy. This mean is 96.33. The highest mean was found in Western boys of the normal group (the control group) and it is 110.40.

We shall not discuss the important issue of possible cultural bias of IQ testing, which is beyond the scope of this study. At any rate, it should be mentioned that studies in Israel show Easterns as functioning lower in Wechsler tests compared to Westerns (Ortar 1958, Minkowich, Bashi and Davis 1973). This makes differences noted between Eastern boys of group A and Western boys of group C even less meaningful.

In order to directly test the possibility of a connection between IQ and the variables under study, correlations were calculated

between IQ and each of the variables under study, for the whole sample. The correlations were low and not significant -- except for the correlation between IQ and Level III, the level of norms, and between IQ and Level IV, the level of aspirations (see Table C, this chapter).

Our conclusion is that this study's findings cannot be attributed to the IQ of its subjects, apart from perception of the mother's image at Level III (the level of norms) and perception of the mother's image at Level IV (the level of aspirations). We shall return later to correlations between IQ and the scores at Levels III and IV. Nevertheless, we must again emphasize that the mean scores for IQ in the different groups and communities fell within the range of average IQ; therefore, in spite of the connection between IQ and scores at Levels III and IV, we do not consider it probable that differences found regarding the communal factor at these levels can be attributed to differences in IQ.

Table B

Intelligence Quotient

Table of means and standard deviations

Group	community	Eastern	Western	Total
A in therapy	mean SD	96.33 7.11	105.80 9.31	
B in special schools	mean SD	102.73 7.24	105.53 10.95	
C control	mean SD	99.80 8.34	110.40 11.62	
Total	mean	99.64	107.72	

Analysis of variance for testing the differences in IQ according to groups and communities

source of variance	SS	df	MS	F	P <
G group of disturbance (A) in therapy (B) in special schools (C) control	269.42	2	134.71	1.57	--
E community 1. Western 2. Eastern	1299.60	1	1299.60	15.16	.01
(GxE) group x community	263.47	2	131.73	1.59	--
S(GE) part of error	7199.73	84	85.71		

Table C

Correlation between IQ and Research Variables

<u>Variable</u>	<u>Correlation</u>
<u>Level</u>	
I	.17
II	.10
III	.30**
IV	.25*
<u>Gap</u>	
I-II	-.01
II-III	.05
I-III	.03
I-IV	.14
II-IV	.08
III-IV	-.09
Reaction to story	.10
Score for story	.16
Ratio of closeness	-.08
Ratio of size	.00

* $P < .05$ ** $P < .01$

Scoring for Behaviour

Another factor tested for control purposes was the factor of behaviour, as expressed in the teacher's evaluation. The score for behaviour seemed a reasonable criterion of the quality of adaptation. We wanted to know how far the different groups varied in the quality of adaptation. The score for behaviour was taken from one of the items in a questionnaire for problematic children prepared by the Ministry of Education. In Israel, the teacher fills in this questionnaire for every child sent to be tested by the municipal psychological services. We made use of existing questionnaires at the municipal clinics in regard to the experimental group; these questionnaires had been answered before the child had taken a psychological test, and before the type of treatment had been decided on. Regarding the control group, the teacher was asked to answer the relevant section of the questionnaire. We quote below verbatim from the questionnaire, and note in the following line the score for behaviour which was given for the purpose of the present study.

Table D

Behaviour Score

Scale taken from questionnaire for problematic children

The question	Very restrained in his emotional reactions, doesn't dare to give them expression	Considerate and cautious in his reactions	Reacts considerably in a satisfied, balanced way	Sometimes reacts impulsively	Very impulsive reacts without restraint
Score	0	3	6	9	12

The analysis of variance in the pupils' scores for behaviour, according to the teachers' evaluation, reflects a clear difference between the two disturbed groups. If we accept the teachers' evaluation as valid, the children in group B, at schools for disturbed

children, are very impulsive and react without restraint. The very low standard deviation on the scores of this group, and sub-groups according to communities, support the conclusion that this description applies uniformly. In this respect, this group differs from the group of disturbed children in therapy, as well as from the control group.

Unlike those children at schools for the disturbed, children in therapy, as well as the control group, range around the middle of the scale, in the evaluation of their teachers, although here the standard deviations are higher. These children were scored by their teachers as reacting more or less satisfactorily, although this description is not uniform and there are differences in both directions on the scale (towards impulsiveness or towards restraint),

There is no doubt that the factor underlying the significant effect of the group in analysis of variance ($P < .001$) is the striking difference between those children at special schools, and the group of disturbed children in therapy and the control group.

Another finding that follows from this analysis is the tendency of Western subjects to react with emotional outbursts -- more than the Eastern children, again according to the teachers' evaluation. In this analysis, no significant effect of interaction was found.

Summary

We conclude that both Western and Eastern children referred to special schools for the disturbed are those who were evaluated as having extreme behavioural difficulties which are shown by impulsive outbursts and a lack of restraints. While children

sent to psychotherapy or treatment classes are indeed a little less restrained and less cautious in their reactions compared to normal, they are obviously different in their behaviour from children referred to special schools for disturbed children.

The difference between the two disturbed groups is of great importance in understanding and evaluating the results of this research.

As to the communal difference, it is not clear whether this result is based on an unequal measure concerning the teachers' evaluation of Western and Eastern children per se or whether there is indeed an objective and valid difference.

Table E

Score of Behaviour
according to teachers' evaluation

Table of means and standard
deviations

Group	communi- ity	East- ern	West- ern	Total
A in therapy	mean SD	5.50 4.45	7.90 4.03	6.70
B in special schools	mean SD	11.20 1.37	11.10 1.36	11.15
C control	mean SD	4.40 3.42	6.40 3.08	5.40
Total	mean	7.03	8.47	7.75

Analysis of variance for testing
differences in the Score for Behaviour
according to Groups and communities

source of variance	SS	df	MS	F	P <
G Disturbed Groups (A) in therapy (B) in spec- ial schools (C) control	545.55	2	272.77	26.83	.001
E community 1. Western 2. Eastern	46.22	1	46.22	4.54	.05
(GxE) Group x community	27.05	2	13.52	1.33	--
S(GE) part of error	853.80	84	10.16		

Instruments

For the purpose of examining the child's perception of the image of his mother, on the four levels we made use of Schaefer's (1965) questionnaire on parental behaviour. This questionnaire measures the child's perception of the parents' image in various fields. In accordance with the design of our present study we examined the perception of the mother image at the four levels by administering the same instrument four times but altering the formulations. At every stage the version was adapted to the operational definition of the level under study. In this way we were able to comply with one of the basic principles laid down by Leary (1957, p 167) for examining intra-personal relations at different levels. He deals with the need to employ the same pattern of variables in examining each level. Schaefer's questionnaire is a suitable instrument for meeting this principle, enabling us to make direct comparisons between levels.

Schaefer's questionnaire on socialization is a closed sentence-completion format which, by means of changing the version, makes it possible to study the four levels. The original questionnaire contains 384 questions of which half relate to the mother's behaviour and half to the father's. The original questionnaire contains 18 themes:

1. Acceptance of the child	8 questions
2. The child in the centre	8 questions
3. Dominance	8 questions
4. Rejection	16 questions
5. Control	8 questions
6. Compulsion	8 questions
7. Positive involvement	8 questions
8. Intensity	8 questions
9. Control through guilt	8 questions

10. Hostile control	16 questions
11. Inconsistent discipline	8 questions
12. Lack of compulsion	8 questions
13. Acceptance of individuality	16 questions
14. Vague discipline	8 questions
15. Causing constant anxiety	8 questions
16. Remote hostility	16 questions
17. Breach of relations	8 questions
18. Extreme autonomy	8 questions

For the purpose of the present study, we saw no need to include all 18 themes since our aim is to examine the child's perception of the image of his mother at four levels in a general way, and not in connection with any specific type of behaviour. It was decided, therefore, to use only some of the themes.

By excluding some of the topics of the original instrument, we achieved an additional advantage in shortening the test, a factor which was essential to our study since examination of the mother's image at four levels required the administration of the test four times.

In studies of parental behaviour, a wide variety of terms and concepts are used. Since our study draws heavily on the work of theoreticians like Arieti and Mahler, who employ concepts such as "the good mother" and "the bad mother", we adopted their concepts. In defining criteria for the definition of suitable topics for this study, our basic assumption was that our instrument must include items representative of forms of desirable behaviour for "the good mother", and forms of undesirable behaviour for "the bad mother".

In order to shorten the questionnaire we made use of three psychological judges. After defining desirable behaviour and undesirable

behaviour in the mother, we asked the judges to read the items relating to every theme and to select four themes to best represent "the good mother" and four themes to best represent "the bad mother".

Four themes were included by all the judges as most suitable for "the good mother", and these were included in the research. This similarity of agreement was not obtained for themes suitable for "the bad mother", perhaps because of the greater number of items in the questionnaire referring to undesirable types of behaviour. However, four themes were selected as suitable by two judges, and these were included in our instrument.

In order to describe the coefficient of agreement we will label the judges Judge A, Judge B and Judge C. The theme "Rejection of the child" was selected by the three judges as suitable to best represent "the bad mother". The theme "Compulsion" was selected by Judges A and C. The theme "Causing constant anxiety" was selected by Judges A and B, and the theme "Remote hostility" was selected by Judges A and C. The remaining themes out of the 18 were selected either by one judge or by none. It should be mentioned again that the judges were asked to select four themes most suitable to represent "the bad mother". In other words, though each judge might easily have selected many other themes to represent a "bad mother", he was asked to choose only four.

Though by this process we have considerably shortened the questionnaire in comparison to the original, in the pilot study we found that the questionnaire was still too long, as our disturbed children lost patience with the process. We therefore decided to shorten it yet again.

This further weeding-out of the items was done by the researcher. Items that had repetition in their content were excluded (eg,

those repeating the theme of physical punishment), along with items whose wording in Hebrew translation was unclear. Care was taken to ensure that the sum of the items corresponding to "the good mother" was equal to the sum of the items corresponding to "the bad mother". The following table includes the names of the themes and the number of items in each theme. The questionnaire for testing every level included 48 questions.

Table F

Subjects from the Schaefer questionnaire that were included in our research and the number of items in each subject

Subjects relating to "the good mother"	Number of items	Subjects relating to "the bad mother"	Number of items
Acceptance of the child	8	Rejection of the child	8
The child in the centre	4	Compulsion	4
Positive involvement	8	Causing constant anxiety	4
Acceptance of individuality	4	Remote hostility	8
Total items relating to "the good mother"	24	Total items relating to "the bad mother"	24

Because every statement concerning the good mother has an implication for the bad mother and vice versa it will suffice to define the good mother; the opposite of this mother will define

the bad mother. The good mother will be defined in our research as "a mother who accepts her child, sees her child in the centre, is involved positively, accepts individuation; doesn't reject, doesn't compel, doesn't cause constant anxiety, is neither remote nor hostile".

The elaborated questionnaire is shown in Appendix 1. The theme key for the elaborated questionnaire comes at the end of the same appendix.

Drawing of the Family

A. Rationale for choosing a drawing of the family for testing the "preconscious" image

An accepted method for examining the "preconscious" image is the TAT, or picture tests based on the same principle. It seems to us that social relationships in which persons appear in various types of tests do not fit in with the questionnaire we have used. A still more serious difficulty is the tendency of certain items in these tests to "invite" positive or negative projections. For example, B. Barzilai (1967) studied the perception of parental images by adults who are themselves parents. She used card 6 BM of the TAT, a picture showing a mother and son. It was found that this card has a tendency to "invite" negative contents compared with another card. In order to use a picture test it was necessary to design a picture of a mother and a child with expressions vague enough not to suggest either positive or negative content. Because the construction of a new instrument involves research problems, we chose an instrument which does not rely on an external stimulus, the drawing of a family.

Family drawings as an effective method of testing children were

first used by Hulse (1951, 1952), and later in studies by Reznikoff and Reznikoff (1956) and Stern and Russell (1956). Burns published his well-known book in 1970. The assumption is that in this technique children project unconscious contents regarding themselves and other family members. The projective assumption of the drawing of a family and our own operational definition of Level II eliminate the need to discuss whether the image drawn by the child really is his mother.

In Lindzey's (1965) division of personality tests, he assigns the drawing of a person as being reflective of the most profound level of personality, because it is a personal expression of the subject and not a reaction to an external stimulus. The drawing of a family is also a personal expression and therefore we assume that, like the drawing of a person, it reveals the most profound levels of the personality.

B. Rationale for a story as a response to the drawing

In the chapter "Instruction for testing Level II" (see chapter Building of Measures), the reader will find the stages for testing the "preconscious" level. There it will be noted that after the child was asked to draw a family, he was asked to tell a story about his drawing. In the next step, the child was asked to answer a questionnaire which included questions corresponding to the mother and child as seen in the drawing. The questionnaire is the main instrument for testing Level II.

We had two reasons for asking the child to tell us a story: the story was analyzed and served as another measure for studying the "preconscious" level and, in addition, it was used as a way of "removing" the child from the conscious level.

The concept of "removing" deserves clarification. In research by E. Adler (1978) it was found that children who told a story as a reaction to their own drawing of a man and who later answered a questionnaire, gave forth a more profound projective content. More children confessed there was a similarity between themselves and the drawing that they had made. And more subjects thought that their friends really had drawn themselves. When the procedure was such that first the child drew and then told the story, it was found in the questionnaire that 17.8% said that they had drawn themselves. In the other group, where children drew but did not tell a story later, not one subject saw a similarity between himself and his drawing. According to the first procedure 24.4% of the subjects thought that their friends had drawn themselves. According to the second procedure only 5.3% of the subjects stated that they thought their friends had drawn themselves.

Construction of Measures

As we previously stated, 24 of the 48 items are statements applicable to a desirable, "good mother" (eg, "I have a good feeling after talking to my mother about my problems") and 24 items are applicable to an unfavourable, "bad mother" (eg, "She says that one of these days I will be punished because of my bad behaviour"). Along with this, from a "not correct" response which a child applies to an item describing a "good mother", we may learn about the perception of an undesirable image; this means that the mother is bad. And on the contrary: when a "not correct" answer appears for an item regarding a "bad mother", we may learn about a desirable perception; this means that the mother is good. Because of this factor, it is possible to use only the measure of the "good mother", as it will include positive answers for the items that are formulated for the desirable image of the mother and negative answers for items

formulated for the negative image of the mother. Of course, we can use instead the negative measure, which would mean taking the positive answers for the "bad mother" and adding to these the negative answers for the "good mother". We chose to use the measure of the "good mother".

Table G

Key for Scoring the Favourable Image, the "good mother"

The chosen response	Points for an item of desirable behaviour for a "good mother"	Points for an item of undesirable behaviour for a "bad mother"
Correct	3	0*
Fairly correct	2	1**
Not correct	0	3***

* Remainder of three points for an undesirable image ("bad")

** Remainder of two points for an undesirable image ("bad")

*** Remainder of zero points for an undesirable image ("bad")

Each question actually receives 3 points to be divided unequally between "the good mother" (the score we use) and "the bad mother" (the score we do not use). Because we do not give 1.5 points for an answer such as fair enough, we get a diversion to one side. This diversion is balanced because the number of items formulated for describing a "good mother" image is identical to the number of items formulated for describing the "bad mother" image. The above way of scoring is more reasonable, as the following example will illustrate: "I have a good feeling after talking to my mother about my problems". Were we to score the answer "fairly correct" with 1.5 points for a good mother, it would also denote 1.5 points

for a bad mother. We found it more reasonable to credit such an answer with 2 points for a "good mother", automatically leaving 1 point for a "bad mother", and this because the child did not answer "correct".

Were we to give a different grade for a "good mother" and a different grade for a "bad mother", each theme would receive a sum of 144 points for the good mother and bad mother together. In other words, the grade of the good mother is the sum of all points (144) minus the grade of the bad mother.

Analyzing and Scoring the Story on the Family, an additional measure for studying the "preconscious" level.

A. The system of analyzing the story on the family

Howells and Lickorish (1963) and Lickorish (1966) developed a technique called "the family relation indicator". Using pictures that include basic family groups, they analyzed the verbal reactions of the child to these pictures. Lickorish even built a table that makes it possible to view the relations among the different family members. We found their system suitable to the needs of our research; to date, there has not been developed a system for analyzing a story that a child tells as a reaction to a family drawing that is more suited to our research. Howells and Lickorish studied interactions among various members of the family. We will, however, deal only with reactions reflecting the perception the child has of the mother image.

We divided the story into units called "information units", each unit consisting of paragraphs, sentences or even single words. These information units were divided into two types:

a. Units of neutral information, which we ignored. For instance,

"Mother washes the floor". Such a sentence does not reveal attitudes or feelings regarding the mother and there is no description of relations between mother and child.

b. "Units of behaviour". These are sentences revealing interpersonal relations and attitudes. Out of these behavioural units we ignored sentences revealing relations between the child and members of the family other than the mother. In the same way we ignored inter-relations among other family members. That is, we analyzed only reactions pertaining to our research. In these sentences, the subject is the mother and the object is the child. Where the subject includes other family members beside the mother, we considered the sentence applicable because the subject includes the mother. For instance, "The parents love the child". In the same way we dealt with sentences which included other members of the family beside the child. Here it was clear that the child was included with them, as for instance, "The mother loves her children". Each such unit we labelled a "unit of mother image".

A list was made of those expressions the children used to describe mother and her behaviour. Many of these expressions were repeated in the various stories. At the end there was a list which included 15 components, and these were divided by unanimous agreement of the judges into two groups: (a) Expressions reflecting the image of a good mother. (b) Expressions reflecting the image of a bad mother. (As we have mentioned, neutral responses were ignored.) Below we list the expressions and their division.

Good Mother

1. She prepares food for the child. Waits for the child to come to eat.
2. She makes him laugh if he is sad. When the child cries mother tells father to take him for a ride in the car (in order to calm him).
3. She likes the child. She loves the child.

4. She is happy to see him (when he comes home from school, when she finds him, etc.).
5. She takes him for a walk. She enjoys the walk with him.
6. She praises him.
7. She forgives him. She asks the father to forgive him.

Bad Mother

1. She is unconcerned about him.
2. She has left him.
3. She does not give him food.
4. She beats him.
5. She says, "Why do you make me angry?"
6. She is not interested in him.
7. When his friends come, she doesn't bother to serve them cake.
8. She doesn't speak with him.

B. The system of scoring

The "units of mother image" were analyzed according to the above criteria for good mother and bad mother. A score of one point was given for each "unit of the mother image". At the end, the child received a score for good mother (the maximum of which was five points) and a score for bad mother (the maximum of which was six points). But in most of the cases the child was scored either for good mother or bad mother. A few subjects received no score because their story included units of neutral information only. In order to bring all the scores within a common denominator, we gave each child a basic score of seven (one point more than the maximum for bad mother). All the points for bad mother were deducted from the basic score and all the points for good mother were added to the basic score. In this way we received a set of scores whose maximum was twelve points and whose minimum was one point; the higher the score, the better the image of the mother.

Analyzing the Drawing and its Scoring

Mulise (1952) in his analysis of the drawing of children placed emphasis on the position of the child in relation to other members of the family. Reznikoff and Reznikoff (1956) used the ratio of size of the child image, and its place in relation to other family members. We used both measures and got two scores for the drawing.

- a) Score for Ratio of Proximity (Nearness), which is the ratio between the mean distance of other members of the family from the mother figure, and the distance from the child himself..
- b) Score for Ratio of Size (Bigness), which is the ratio between the length of the mother figure (from her head to her toes) and the length of the child.

Course of the Research

From a pilot study we learned that it is impossible to examine disturbed children in a group. It became clear that disturbed children cannot answer a questionnaire by themselves -- either because they are frightened when confronted with a form filled with questions, because they have difficulties in reading, or because it is difficult for them to persevere. This being so, the children were examined individually, the questions being read by the researcher, who then also filled out the questionnaire.

Some Comments about the Pilot Study

After the judges had selected four themes to best represent the

"good mother" and four themes to best represent the "bad mother", we had a questionnaire containing 96 questions at each level.

At first we tested two disturbed groups, 5 subjects in each group. During the examination children asked for a great deal of help from the researcher and from their friends. Some became angry and tired, others stopped and claimed they did not understand, so that the researcher could not manage the situation. The conclusion was that it is impossible to study this population with this instrument in a group situation.

Next, 3 boys were tested individually. One boy responded well and even enjoyed the situation. The other two responded easily at the beginning but toward the middle or end of the session showed impatience and were unable to finish. There was no escape from the conclusion that the questionnaire was too long and tiring. Then came the final weeding-out.

A permissive attitude was an important condition for eliciting the co-operation of these children. After a short conversation to get acquainted the researcher made clear to the child that he will have to answer various questions, but he gave no explanation regarding the goal of the research, neither a true explanation nor a covert one.

The tests were given in 24 combinations. This was in order to avoid having the order of the questions influence the final results, and also to overcome problems such as tiredness and stress.

Instructions for the Tests

A. Instructions for studying Levels I, III, IV

Because of the diverse order of the presentation of the tests for the different levels we had to vary the instructions somewhat in order to fit the order of the presentation. The principle was to make clear to the child the differences between the questionnaires. The subject confronted first with the questionnaire for studying Level I was told: "Now I will ask you questions about your mother". When he was confronted with the questionnaire for testing Level III he was told: "Now I will ask you questions, not about your mother, but about the way you think a mother should be". The word "should" was emphasized. Before he was confronted with the questionnaire for studying Level IV (aspirational), the same subject was told: "Now I will ask you questions, not about your mother, not about how a mother should be, but about how you would most like your mother to be". The principle was to distinguish between the questionnaires that the child had already answered and the one to which he was being introduced.

B. Instructions for studying Level II

For studying this level we had three stages.

Stage 1 The child received a slip of paper and a pencil and was told to make a drawing of a family. We did not use the expression "Draw your family", lest the subject should react at this stage as he reacted in answering the questionnaire for the factual level. The object was to leave him free, and to reduce his defenses.

A child who omitted in his drawing the mother image or the child image was asked to add this image. We took into consideration the possible significance of this omission, but without the figures of

mother and child it would have been impossible to use Stage 3 for studying Level II.

Stage 2 The child was told: "Tell me a story about the family you drew". The story was written down by the tester (the goal of this stage being "to remove the child from the conscious level"). We also analyzed the story; its scoring was another measure for studying the "preconscious" level.

Stage 3 The child was told: "Now look at the drawing and answer the questions about the mother and child as you see them in the drawing". The tester read the questions one after the other.

Inquiry

We needed this stage in order to analyze the family drawing (see below). After completing all the tests the child was asked to label the figures in the drawing. The researcher pointed to each figure in the drawing and asked, "Who is that?" In the case of doubt about the identity of the main character in the drawing, the child was asked to point to the figure when answering. The assumption is that this is the figure with whom the child identifies. We needed this stage in order to calculate the score of ratio of size (bigness) and ratio of proximity (nearness).

Summary of the Variables and their MarkingGroups

- A - Disturbed in treatment class or recommended for psychotherapy
- B - Disturbed in a special school for disturbed children
- C - Control group (normals)

Ethnic Group (community)

- 1. Western background
- 2. Oriental background

Socio-economic statusIQBehavioural score according to teachers' assessmentLevels

- I The Factual-conscious level
- II The "Preconscious" level (projective, symbolic level)
- III The Normative level
- IV The Ideal-aspirational level (goal level)

Gaps between levels in absolute values

Gap I-II Gap I-IV

Gap II-III Gap II-IV

Gap I-III Gap III-IV

Mark for the storyMark for ratio of proximity of the child-figure to the mother-figure in drawingMark for relative size (bigness) of the drawingMark for reaction Responded, did not respond (told story or could not)

FINDINGS

Analyzing Relations between the Levels

Comparison of Averages of the Levels

In order to discover how the different levels are related, we compared the averages of each level. To summarize the first three hypotheses concerning relations among the levels, without considering the disturbed groups or the different communities, we utilized the general pattern $II < IV < III < IV$.

In the statistical analysis we concentrated on testing this hypothetical pattern by dividing the subjects into three groups (A. disturbed in therapy, B. disturbed in special schools, C. control group -- normals); at this stage we ignored the communities.

The hypothesis was tested by analyses of variance, where in each case we compared two levels from the hypothetical pattern and two different groups: disturbed in therapy (A) against control (C); disturbed in special schools (B) against control (C).

Relating Level I and Level II

Tables 1 and 2 compare Level I to Level II. A significant interaction, group x level, was not found in either case; the factor of level was found significant $P < .01$ in both analyses. The difference between the levels was found significant in all three groups and this verifies the hypothesis. It should be noted that the significant difference found in the group factor in Table 1 has no meaning here, as it relates to the difference between the groups by combining Levels I and II.

In testing the results of the other analyses of variance in this chapter we will concentrate on the difference between levels only, since the goal of this chapter is the comparison of levels.

Summary

The difference $II < I$ exists in the three groups tested in the analysis of variance. This finding demonstrates that at Level I, the factual-conscious level, the mother is perceived more favourably than at Level II, the "preconscious" level. Hypothesis no. 1 was verified.

Relating Level I and Level III

Tables 3 and 4 compare Level I to Level III. In both analyses only the factor of interaction, group x level, in the comparison of disturbed group in therapy (A) and control group (C) was found significant at $P < .05$. Our conclusion in the light of this result is that Level I and Level III are not significantly different except for the group in therapy (average Level I 96.93 against

average Level III 102.96).

In the disturbed group in special schools the average of Level I approximates the average of Level III (Level I 101.70, Level III 100.20), while in the control group the result was not as expected (average Level I 107.63 and an average 102.03 for Level III). It is possible to assume that the lower mean of Level III compared with Level I contributed to the significant interaction in the analysis, shown in Table 3. As to the possibility that Level I is higher than Level III in the control group, this possibility can be excluded because the factor of interaction in the analysis shown in Table 4 is not significant.

Summary

Average Level I and Level III are not significantly different, which is to say, the image of the mother at the factual level is not significantly different from the mother image at the normative level in two of the three groups, while for the disturbed group in therapy (A) we have $I < III$, which is to say, in this group the factual mother is perceived less favourably than the normative mother. Thus far we see that hypothesis no. 2, which claims that at the factual and normative levels the mother image will be perceived similarly, was verified in two of the three groups. In the disturbed in therapy group (A), we have $I < III$. That is, the relationship $I < III$ is a specific for a particular disturbed group.

Relating Level II and Level III

Results obtained up to now have relieved us from examining the relation between Level II and Level III in the two disturbed groups,

and this is because in the disturbed group in therapy (A) the summary of the results up to now shows the relation $II < I < III$ and in the disturbed group in special schools (B) we got the relation $II < IV < III$. Nevertheless it is necessary to examine the control group (C), in order to see whether Level II is still lower than Level III (as was found in relation to Level I). These results are shown in Table 6. We see that average Level II is even lower than average Level III. This finding strengthens the previous results, which show that Level I and Level III are not significantly different; both are higher than Level II.

Relating Level I and Level IV and relating Level III and Level IV

In the light of the insignificant differences between Level I and Level III we continued to test the relations between levels by comparing Level I to Level IV (Tables 7 and 8) and by comparing Level III to Level IV (Tables 9 and 10). The results of these four analyses of variance are clear and unequivocal: in every analysis of variance only the factor of level was found to be significant. That is, it was found in the three groups that both Level III and Level I were lower than the average of Level IV. This is to say that the ideal mother, the desired mother, is better than both the factual mother and the normative mother.

Summary

At Level IV, the level of ideals and aspirations, the mother is perceived more favourably than at Level III, the normative level. Hypothesis no. 3 was verified.

Relating Level II and Level IV

On the basis of the results in the previous analysis where the relation $I < III$ and the relation $I < IV$ are unequivocal, the relation $II < IV$ follows even without separate testing. For the purpose of showing the picture as a whole we present Tables 11 and 12.

In our chapter on the hypothesis we have said that the relation between the "preconscious" level and the aspirational level is dependent upon the general pattern of the relations between the levels; therefore we did not formulate a separate hypothesis for testing this relation.

Summary

The pattern shown below is a result of the summary of the whole analysis up to now.

In control group (C) and in disturbed in special schools (B) the pattern is $II < I \sim III < IV$.

In disturbed group in therapy the pattern is $II < I < III < IV$.

In other words, the summarized pattern of the first three hypotheses was fully verified in control group (C) and in the disturbed group in special schools (B) and partially verified in the disturbed group in therapy (A).

Comparison of means of Level I to means of Level II in disturbed Group in therapy (A) and in control group (C)

Table of means (upper row) and SD (lower row)

Group	Level I	Level II	Total
disturbed in therapy (A)	96.93 18.92	79.37 29.78	88.15
control (C)	107.63 16.70	94.57 24.71	101.15
Total	102.28	86.97	94.62

Table of analysis of variance

source of variance	SS	df	MS	F	p <
G disturbed Group (A) in therapy (C) control L level I, II Group x level	5031.07	1	5031.07	8.08	.01
S(G) part of error 1	7038.01 151.87	1	7038.01 151.87	15.82 0.31	.01 --
SL(G) part of error 2	36105.55	58	622.51		
	25793.62	58	444.72		

Table 2

Comparison of means of Level I to means of Level II in disturbed Group in special schools (B) and in control Group (C)

Table of means (upper row) and SD (lower row)

Group	Level I	Level II	Total
(B) disturbed in special schools	101.70 14.13	82.37 30.88	92.03
control (C)	107.63 16.70	94.57 24.71	101.10
Total	104.67	88.47	96.52

Table of analysis of variance

source of variance	SS	df	MS	F	p <
G disturbed Group (B) in special schools (C) control L level I, II Group x level	2466.13	1	2466.13	3.53	--
S(G) part of error 1	7873.20 294.53	1	7873.20 294.53	24.36 0.91	.01 --
SL(G) part of error 2	40499.33	58	698.26		
	18740.27	58	323.11		

Comparison of means of Level I to means of Level III in disturbed group in therapy (A) and in control group (C)

Table of means (upper row) and SD (lower row)

Group	Level I	Level III	Total
(A) disturbed in therapy	96.93	102.96	99.95
	18.92	16.19	
(C) control	107.63	102.03	104.83
	16.70	16.57	
Total	102.28	102.50	102.39

Table of analysis of variance

source of variance	SS	df	MS	F	p <
G disturbed group (A) in therapy	715.41	1	715.41	1.73	--
(C) control					
L level I,III	1.41	1	1.41	--	--
Group x level	1015.01	1	1015.01	5.82	.05
S(G) part of error 1	29930.68	58	412.60		
SL(G) part of error 2	10114.08	58	174.38		

Table 4

Comparison of means of Level I to means of Level III in disturbed group in special schools (B) and in control group (C)

Table of means (upper row) and SD (lower row)

Group	Level I	Level III	Total
(B) disturbed in special schools	101.70	100.20	100.95
	14.13	14.38	
(C) control	107.63	102.03	104.83
	16.70	16.57	
Total	104.67	101.12	102.89

Table of analysis of variance

source of variance	SS	df	MS	F	p <
G disturbed group (B) in special schools	452.41	1	452.41	1.19	--
(C) control					
L level I,III	378.07	1	378.07	3.69	--
Group x level	126.07	1	126.07	1.25	--
S(G) part of error 1	21905.68	58	377.68		
SL(G) part of error 2	5939.35	58	102.40	1.25	--

Table 5

Comparison of means of Level II to means of Level III in disturbed group in therapy (A) and in control group (C)

Table of means (upper row) and SD (lower row)

Table of analysis of variance

Group	Level II	Level III	Total
(A) disturbed in therapy	79.37 29.78	102.97 16.19	91.17
(C) control	94.57 24.71	102.03 16.57	98.30
Total	86.97	102.50	94.73

source of variance	SS	df	MS	F	P<
G disturbed group (A) in therapy	1526.53	1	1526.53	2.66	--
(C) control L level II, III group x level	7238.58 1952.13	1 1	7238.53 1952.13	16.26 4.38	.01 .05
S(G) part of error 1	33189.93	58	572.24		
SL(G) part of error 2	25804.33	58	444.90		

Table 6

Comparison of means of Level II to means of Level III in disturbed group in special schools (C) and in control group (C)

Table of means (upper row) and SD (lower row)

Table of analysis of variance

Group	Level II	Level III	Total
(B) disturbed in special schools	82.37 30.88	100.20 14.38	91.28
(C) control	94.57 24.71	102.03 16.57	98.30
Total	88.47	101.12	94.79

source of variance	SS	df	MS	F	P<
G disturbed group (B) in special schools (C) control L level II, III group x level	1477.01	1	1477.01	2.41	--
S(G) part of error 1	4800.67 806.01	1 1	4800.67 806.01	11.70 1.96	.01 --
SL(G) part of error 2	35533.28 23784.82	58 58	612.64 410.08		

Table 7

Comparison of means of Level I to means of Level IV in disturbed group in therapy (A) and in control group (C)

Table of means (upper row) and SD (lower row)

Group	Level I	Level IV	Total
(A) disturbed in therapy	96.93 18.92	107.43 16.30	102.18
(C) control	107.63 16.70	111.10 16.10	109.26
Total	102.28	109.26	105.77

Table of analysis of variance

source of variance	SS	df	MS	F	F _α
G disturbed group {A} in therapy {C} control L level I, IV group x level	1548.01 1463.01 371.01	1 1 1	1548.01 1463.01 371.01	3.77 8.55 2.16	-- .01 --
S(G) part of error 1	23766.42	58	409.76		
SL(G) part of error 2	9924.41	58	171.11		

Table 8

Comparison of means of Level I to means of Level IV in disturbed group in special schools (B) and in control group (C)

Table of means (upper row) and SD (lower row)

Group	Level I	Level IV	Total
(B) disturbed in special schools	101.70 14.13	107.60 16.83	104.65
(C) control	107.63 16.70	111.10 16.10	109.36
Total	104.67	109.35	107.01

Table of analysis of variance

source of variance	SS	df	MS	F	P _α
G disturbed group (B) in special schools (C) control L level I, IV group x level	667.41 658.01 44.41	1 1 1	667.41 658.01 44.41	1.80 4.46 0.3	-- .05 --
S(G) part of error 1	21417.80	58	369.26		
SL(G) part of error 2	8188.08	58	141.17		

Table 9

Comparison of means of Level III to means of Level IV in disturbed group in therapy (A) and in control group (C)

Table of means (upper row) and SD (lower row)

Group	Level III	Level IV	Total
disturbed in therapy (A)	102.96	107.43	105.20
control (C)	102.03	111.10	106.57
Total	102.50	109.27	105.88

Table of analysis of variance

source of variance	SS	df	MS	F	p<
G disturbed group (A) in therapy (C) control	56.03	1	56.03	0.12	--
L level III, IV group x level	1373.63 158.70	1	1373.63 158.70	15.23 1.76	.01 --
S(G) part of error 1	25557.33	58	440.64		
SL(G) part of error 2	5228.67	58	90.15		

Table 10

Comparison of means of Level III to Level IV in disturbed group in special schools (B) and in control group (C)

Table of means (upper row) and SD (lower row)

Group	Level III	Level IV	Total
(B) disturbed in special	109.20	107.60	103.90
(C) control	102.03	111.10	106.57
Total	101.12	109.35	105.23

Table of analysis of variance

source of variance	SS	df	MS	F	p<
G disturbed group (B) in special schools	213.33	1	213.33	0.52	--
(C) control L level III, IV group x level	2033.63 20.83	1	2033.63 20.83	19.98 1.93	.01 --
S(G) part of error 1	23781.13	58	410.01		
SL(G) part of error 2	5902.53	58	101.77		

Table 11

Comparison of means of Level II to means of Level IV in disturbed group in therapy (A) and in control group (C)

Table of means (upper row) and SD (lower row)

group	Level II	Level IV	Total
(A) disturbed in therapy	79.37 29.78	107.43 15.30	93.40
(C) control	94.56 24.71	111.10 16.10	102.83
Total	86.97	109.27	98.12

Table 12

Comparison of means of Level II to means of Level IV in disturbed group in special schools (B) and in control group (C)

group	Level II	Level IV	Total
disturbed in special schools (B)	82.36 30.88	107.60 16.83	94.91
control (C)	94.57 24.71	111.10 16.10	102.82
Total	88.46	109.35	98.91

Table of analysis of variance

source of variance	SS	df	MS	F	p<
G disturbed group (A) in therapy (C) control level II, IV group x level	2669.63	1	2669.63	4.58	.05
S(G) part of error 1	14918.70 997.63	1	14918.70 997.63	34.9 2.33	.01 --
SL(G) part of error 2	33854.73	58	583.70		
	24785.67	58	427.34		

Table of means (upper row) and SD (lower row)

source of variance	SS	df	MS	F	p<
G disturbed group (B) in special schools (C) control level II, IV group x level	1848.67	1	1848.67	2.99	--
S(G) part of error 1	13083.41 567.67	1	13083.41 567.67	30.70 1.33	.01 --
SL(G) part of error 2	36360.82	58	626.91		
	24717.42	58	426.16		

Table of analysis of variance

Comparison of Average Levels in the Various Groups (A: in therapy; B: in special schools for disturbed children; C: control) and in sub-groups According to Community (1. Western, 2. Eastern)

The question is raised: Does the pattern of relations between the different levels in the various groups remain identical concerning the two communities? Because this question became manifest during the process of the research, hypotheses were not formulated on this matter.

In order to compare relations between the levels in the different groups, and in the two communities, we performed a three dimensional analysis of variance. The three dimensions are:

- (1) Level (4 levels: I,II,III,IV).
- (2) Group (3 levels: A, B, C).
- (3) Community (2 levels: 1. Western, 2. Eastern).

In this analysis we are not interested separately in the factor of group alone or in the factor of community alone, but in the interaction of these two dimensions with the factor of the level. As we have said, we will deal later with differences between the groups at each level separately, and we will use the same procedure for the communities.

Table 13

Table of means and standard deviations according to groups (A in therapy, B in special schools, C control) and according to communities (1. Western, 2. Eastern)

Group	Community		I	II	III	IV
A dist- urbed in therapy	Western n = 15	mean	102.47	66.87	112.80	115.20
		SD	21.86	36.71	13.76	14.78
	Eastern n = 15	mean	91.40	91.87	93.13	99.67
		SD	14.07	12.44	12.11	12.24
	Total n = 30	mean	96.93	79.37	102.97	107.43
		SD	18.92	29.78	16.19	16.30
B dist- urbed in special schools	Western n = 15	mean	107.80	95.13	107.00	111.13
		SD	10.44	30.36	12.78	17.97
	Eastern n = 15	mean	95.60	69.60	94.40	104.07
		SD	15.00	26.53	12.88	15.39
	Total n = 30	mean	101.70	82.37	100.20	107.60
		SD	14.13	30.88	14.37	16.83
C control	Western n = 15	mean	119.20	105.60	114.00	120.87
		SD	11.82	23.19	11.53	11.56
	Eastern n = 15	mean	96.07	83.53	90.07	101.33
		SD	13.31	21.80	11.36	14.07
	Total n = 30	mean	107.63	94.57	102.03	111.10
		SD	16.70	24.71	16.57	16.10
Total	n = 90	mean	102.09	85.44	101.73	108.71
		SD	17.09	29.02	15.60	16.31

Table 14

Table of analysis of variance for comparing relations between the levels (I, II, III, IV) in the various groups (A, B, C) and in the communities (1, 2)

source of variance	SS	df	MS	F	P<
G disturbed group (A) in therapy (B) in special schools (C) control	3493.11	2	1746.56	3.63	.05
E community 1. Western 2. Eastern	17710.07	1	17710.70	36.81	.01
L level (I, II, III, IV)	26496.50	3	8832.16	33.21	.01
GE group x community	4273.57	2	2136.79	4.44	.01
GL group x level	2495.93	6	415.99	1.56	--
EL community x level	1566.87	3	522.29	1.96	--
group x commun- ity x level	936.98	6	1559.50	5.86	.01
S(GE) part of error 1	40421.97	84	481.21		
SL(GE) part of error 2	67008.97	252	266.91		

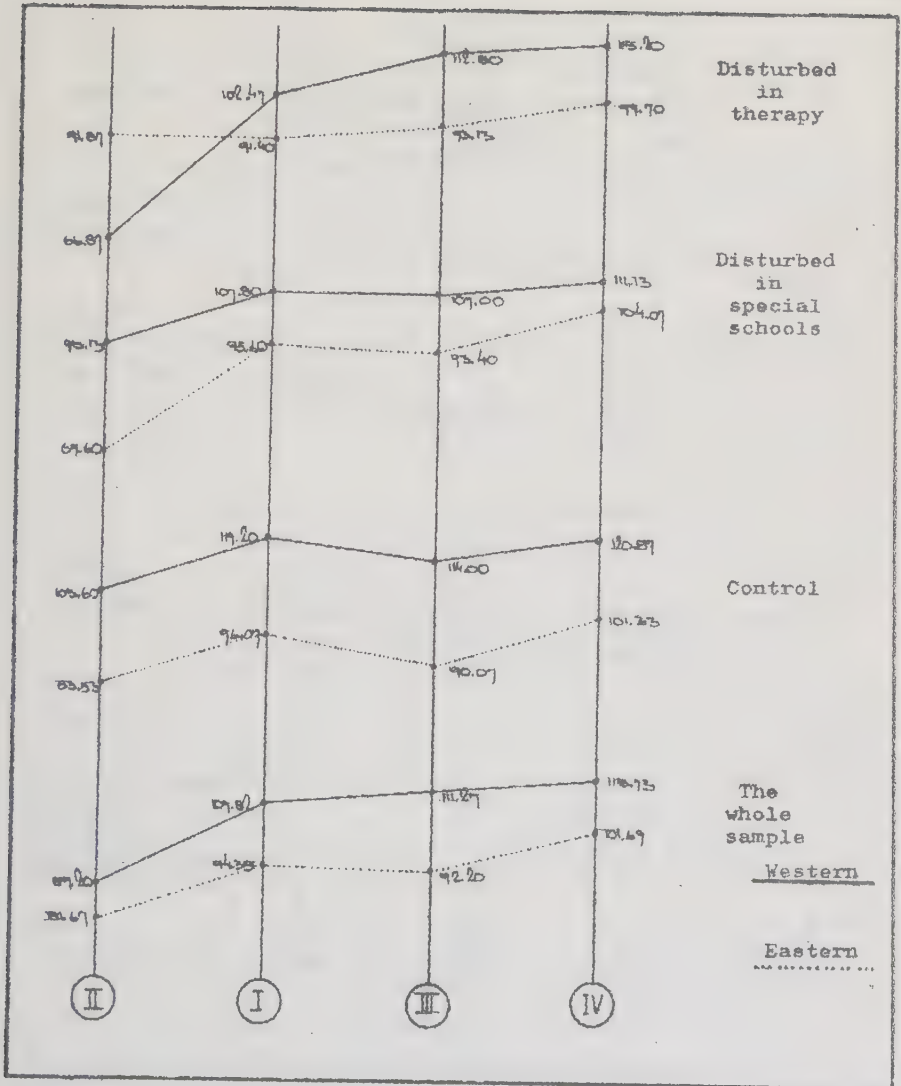


Fig. 1

Means of levels by group and according to community

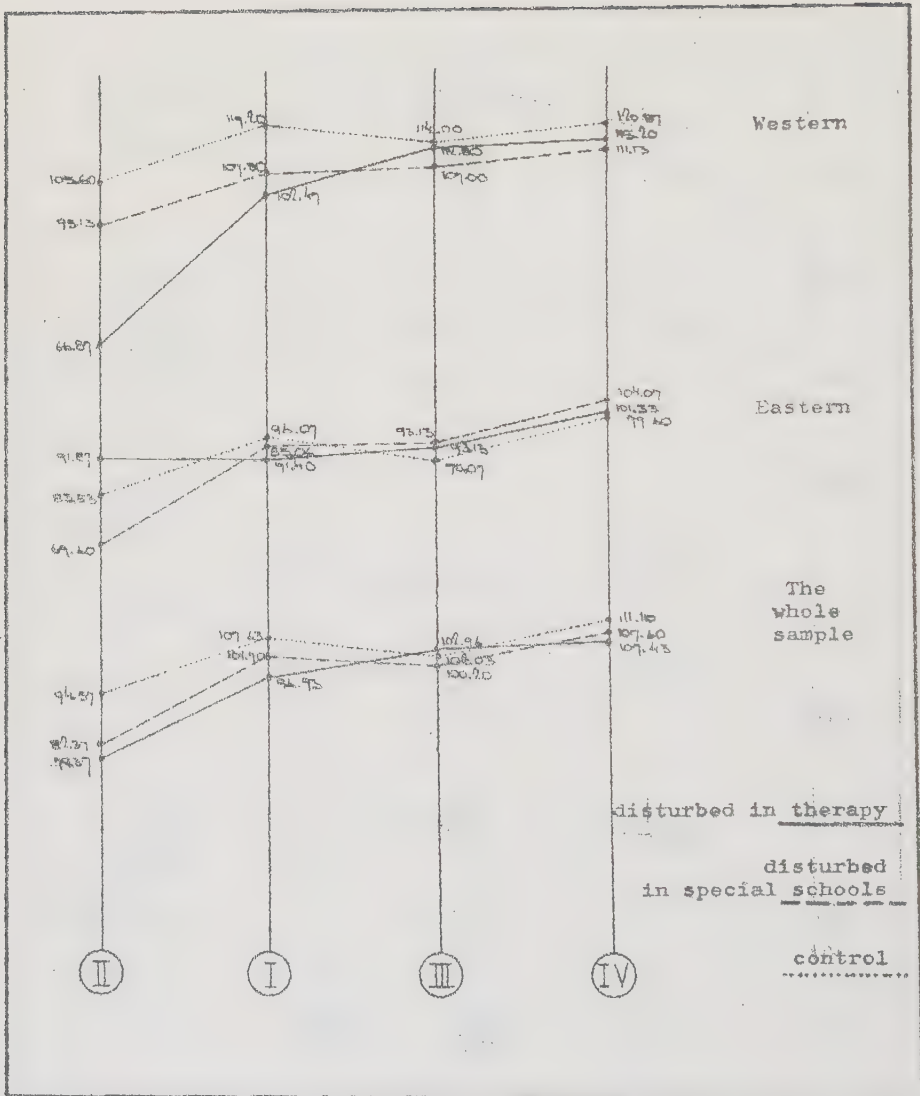


Fig. 2

Means of levels in communities and according to groups

Conclusions

In light of the pattern of relations received from the analyses of variance (Tables 1 - 12), we expected a significant result as to the factor of level, and indeed this was obtained ($P < .01$).

Testing the averages of the four levels (in the whole sample) shows that the factor of level was found significant because of the following relation between the levels for two out of the three groups: $II < I \sim III < IV$. The means are $85.43 < 102.09 \sim 101.73 < 108.71$.

The only significant interaction of level with the other variables is level $\times$ group $\times$ community ($P < .01$). This effect indeed testifies that there are different relations among levels depending upon group and community.

In order to localize the spot of interaction we first related Levels I and II. In all groups and communities it was found that the mean of Level II is lower than the mean of Level I, except in the group of Western disturbed in special schools. The mean of Level I in Western in therapy is 102.47 and the mean of Level II is 66.87. In the Western group of disturbed in special schools, Level I is 107.80 and Level II is 95.13. In the Eastern group of disturbed in special schools the mean of Level I is 119.20, compared to 105.60 in Level II. In the Eastern control group the mean of Level I is 96.06 and the mean of Level II is 83.53; only in Eastern disturbed in therapy is Level I not significantly different from Level II: mean of Level I is 91.40 and mean of Level II is 91.87.

We continued further to examine the foci of interaction through relating Levels I and III. As we have said, the relation for the group of disturbed in therapy was $I < III$. Testing the means of these two levels in the group of disturbed in therapy in each community separately shows us that the relation $I < III$ is limited to Western in the group of disturbed in therapy. The mean of

Level I of Western in therapy is 102.47 against Level III 112.80, showing the relation $I < III$, while the mean of Level I Eastern in therapy is 91.40 against Level III 93.13, showing a relation of $I \sim III$. This exhibits the second focus contributing to the significance of the factor of triangular interaction.

In the group of disturbed in special schools there is no significant difference between the two levels (Level I and Level III) in the two communities. This result was obtained in the entire sample without taking into account the factor of communities.

For the control group, Western Level I is 119.20 and mean Level III is 114.00; Eastern Level I is 96.07, Level III is 90.07. Such differences were found in the previous analyses as not significant.

Mean Level III is lower than mean Level IV in all groups and sub-groups (according to communities), therefore we found no factors contributory to the significance of the triangular interaction.

We looked further to discover foci of interaction in relations between Levels I and IV. We found in the previous testings the relation $I < IV$. This is true for all sub-groups except among the Western control group. In the group of Western in therapy Level I is 102.47 against Level IV 115.20, and in the group of Eastern in therapy Level I is 91.40 and Level IV is 99.67. In the group of Western in special schools for the disturbed Level I is 107.80 and Level IV is 111.13. In the group of Eastern in special schools for the disturbed the mean of Level I is 95.60 and the mean of Level IV is 104.07. In the Eastern control group Level I is 96.07 and Level IV is 101.33. It is clear that the relation in all sub-groups is $I < IV$ except in the Western control group where Level I is 119.20 and Level IV is 120.87; a relation of $I \sim IV$.

Summary

The pattern of relation among the levels found in the groups (A, B, C) remained more or less stable for both communities except for the following variations:

- (1) In Western disturbed in therapy the relation is $II < I < III < IV$.
- (2) In Eastern disturbed in therapy the relation is $II \sim I \sim III < IV$.
- (3) In the Western control group the relation is $II < I \sim III \sim IV$.

Comparison of Normal and Disturbed Boys of Western and Oriental Background at each Level Separately

Up to now we have discussed differences between the means of each level in the whole sample and the relations among the levels as they come to a differing expression in the various groups (disturbed in therapy, disturbed in special schools and normal). We attempted to examine these relations by taking into consideration the communities (Western and Eastern).

Now we come to the question of differences between the disturbed groups (disturbed in therapy and disturbed in special schools) and the control group (normals), and the differences existing between communities at each level separately. The first question concerning this issue is: Is it desirable to combine the two disturbed groups in the sample and to deal with them as one group to be identified as an overall disturbed group?

In light of the previous results we consider that it is worthwhile treating these two groups separately. The formulation of the relation between the levels is not identical in these two groups. Likewise we see in the analysis of variance shown in Table 14 a significant difference of $P < .05$ between the three groups. Looking

at the means of the groups we can see that this significant difference emerges because of differences between the two disturbed groups, and not only because of differences between the two disturbed groups and the control group. We see in the Eastern groups that the difference between the two disturbed groups is even greater than the difference between the mean of each group separately and the mean of the control group (see Table 13). As we said before, we are dealing here with differences between groups that go beyond the levels, while our interest is to observe differences in the means of each level separately.

These results, showing differences between the two disturbed groups in absolute means, which go beyond the levels, and the results showing different formulations among the levels -- which were found different in the disturbed group in therapy as compared to the disturbed group in special schools -- justify continuing to deal with the results through differentiating two types of disturbances, as here sampled probably from two different populations.

Because of our interest in the communities and based on the previous results which show a significant effect of the factor of community (in the analysis of variance shown in Table 14), we find it worthwhile to continue to deal with each community separately. We remain interested, however, in examining differences between the means of the two disturbed groups themselves and as compared with the control group and the difference between the communities at each level separately.

Four different analyses of variances were performed for examining each of the four levels, each analysis two-dimensional with two factors: disturbed groups (3 levels: a group of disturbed in therapy, a group of disturbed in special schools and a control group) and community (2 levels: Western and Eastern). The results of analysis of variance are shown in Tables 15 through 18.

Table 15

Analysis of variance at Level I for comparing communities (1, 2) --
disturbed in therapy (A), disturbed in special schools (B), control (C)

source of variance	MS	df	F	P <
community	5382.00	1	24.82	.007
disturbance (C, B, A)	862.10	2	3.97	.02
disturbance x community	333.00	2	1.53	.22
		84		

Table 16

Analysis of variance at Level II for comparing communities (1, 2) --
disturbed in therapy (A), disturbed in special schools (B), control (C)

source of variance	MS	df	F	P <
community	1277.00	1	1.85	.17
disturbance (C, B, A)	1944.00	2	2.82	.06
disturbance x community	5976.00	2	8.68	.001
		84		

Table 17

Analysis of variance at Level III for comparing communities (1, 2) --
disturbed in therapy (A), disturbed in special schools (B), control (C)

source of variance	MS	df	F	P<
community	8180.00	1	52.92	.001
disturbance (C, B, A)	59.43	2	.38	.68
disturbance x community	202.20	2	1.31	.27
		84		

Table 18

Analysis of variance at Level IV for comparing communities (1, 2) --
disturbed in therapy (A), disturbed in special schools (B), control (C)

source of variance	MS	df	F	P<
community	4438.00	1	20.28	.001
disturbance (C, B, A)	128.60	2	.59	.56
disturbance x community	303.90	2	1.40	.25
		84		

The conclusions of these results are as follows:

(1) The factor of community: This was found significant at three levels (Level I, the factual-conscious level, Level III, the normative values level and Level IV, the aspirational level). On the other hand we found a significant interaction at Level II whose meaning concerning the difference between the communities we will discuss later (for significance of community factor see Tables 15 - 18 and Fig. 1).

In the three levels where we obtained a significant difference between the means of the two communities it was found that the Western mean is always higher than the Eastern mean. Because no significant interaction was found, we may generalize these findings for all three groups. Checking over the tables of means, we find that Westerns perceive their mother more favourably than Easterns at the factual, the normative and the aspirational level; this was confirmed for all three research groups.

(2) The factor of disturbed group: Only at one level, Level I, was the factor of disturbance significant ($P < .02$). On the other levels there were no significant differences among the groups. At Level II, the "preconscious" level, it was found that the means of the two disturbed groups are lower than the means of the control groups, but the two disturbed groups are different in their means at this level. In t tests it was found that the difference between the two means of the groups is large enough to be significant at a probability of at least $P < .05$. Hence in Level I, the factual-conscious level, we receive this order: The lowest mean is in the group of disturbed in therapy (96.93), then the group of disturbed in special schools (with a mean of 101.70) and then the control group (107.63). That is, at the factual level the mother is perceived more favourably in the control group as compared to the disturbed group in special schools, and more favourably in the

disturbed group in special schools than in the disturbed group in therapy.

(3) The factor of interaction: This factor was obtained only for the "preconscious" level, Level II ($P < .001$). We prefer to explain this in light of the differences between the communities, which were found significant at the three other levels. As aforesaid, at Level I (the conscious level), at Level III (the normative level) and at Level IV (the aspirational level), we found that the Western means are always higher as compared with the Eastern community. This result is uniform in the three groups. On the other hand, the interaction at Level II demonstrates the possibility of generalizing this finding of a higher mean for Western as compared to Eastern, but only in the control group and the disturbed group in special schools; the situation is different for the disturbed group in therapy. In this group the Eastern mean at Level II is higher than the Western. We have noted this finding when we examined the interaction in the analysis of variance in Table 14, but here it appears much more clearly, focusing on the Eastern element in the disturbed group in therapy.

Summary

The Factor of Disturbances

A. A significant difference was obtained between normals and disturbed in perceiving the factual mother. Hypothesis No. 4 was fully verified. The hypothesis stated no direction for the difference. The results of our research show that normal children perceive the mother on the factual level more favourably than disturbed children. We got the following order: (1) In the control group the mother is perceived more favourably than in the group of disturbed in special

schools. (2) In the group of disturbed in special schools the mother is perceived more favourably than in the group of disturbed in therapy. (3) The mother is perceived least favourably in the group of disturbed in therapy.

B. At the "preconscious" level, Western disturbed in therapy and Western disturbed in special schools perceive their mother less favourably than the control group of the same community. Eastern in therapy perceive their mother at the "preconscious" level more favourably than the control group of the same community, and Eastern in special schools less favourably than the control group of the same community. Hypothesis No. 5, claiming a more favourable perception of the mother image at the "preconscious" level in normals as compared to disturbed, was verified in all sub-groups except in the Eastern group in therapy.

C. Hypothesis No. 6, claiming a difference between normals and disturbed in the perception of the mother image at the normative level, was not verified.

D. Hypothesis No. 7, claiming differences between normals and the disturbed group in the perception of the aspirational mother, was not verified.

The Factor of Community

The question of differences between communities in the perception of the mother image at the different levels was raised only during the process of research; therefore no hypotheses were formulated on this question.

The results of the research show that perception of the mother image at the factual, normative and aspirational levels is different in the two separate communities: Westerns perceive their mother at the three discussed levels more favourably.

At the "preconscious" level, this is true of the population of disturbed in special schools and of the control group. On the contrary, for the disturbed group in therapy the mother image at the "preconscious" level is perceived more favourably by the Eastern than by the Western.

Note

Our research was designed to compare normal boys to disturbed boys, without relating to types of disturbances or the various communities; the reader will find in Appendix 2, t tests, the means for the levels of disturbed boys (A + B as compared to normal C).

Connections between the Levels

Because in the four levels, though they do differ in their conceptual definition, the child is asked to describe a mother image, we must examine the correlations between the levels. Moreover, we must ask whether an especially high correlation between levels is predicated on their being influenced by similar factors.

Our table of correlations (see this chapter Table 1) displays the intercorrelations between the four levels in the disturbed group, in the normal group and in the whole sample.

The highest correlation in both samples -- in the disturbed group (in therapy and in special schools) and in the normal group -- was obtained between the level of norms, Level III, and the level of aspirations, level IV. This result indicates that the child's description of the mother image is influenced at these levels by similar factors. It is obvious, however, that a high correlation does not testify to identity of these two levels. Moreover, the high correlation in these levels does not show that there is not a difference between them. Indeed, as we saw in the chapter dealing

with "the comparison of relations between the levels", Tables 9 and 10, the mean of the aspirational level is higher than the mean of the norm level; this appears in both disturbed groups and as well in the control group.

Observing the means and standard deviations of the four levels -- Table 13, the paragraph examining relations between the levels -- we note the following differences between Level II, the "preconscious" level, and the three other levels:

1. The lowest mean was obtained at Level II in both the disturbed groups and in the normals.
2. For the whole sample the variance at Level II differs significantly from the variance at every other level (always $F_{189, 89} > 1.59$ $P < .01$). No differences were obtained between variances at the other levels.

The relatively high variance at Level II testifies to great interpersonal differences in description of the image at the "preconscious" level.

From a statistical viewpoint, the high variance explains the relatively low correlations obtained between Level II and the remaining levels (see this chapter Table 1).

Intercorrelations between the levels were calculated in the disturbed groups (A in therapy + B in special schools) and in the normal group (C control) and for the whole sample (A + B + C). Calculating the correlation separately according to type of sample (disturbed, normal, the whole sample) enables us to observe the possible existence of different connections between the levels according to the type of subjects, disturbed compared to normals.

The intercorrelations obtained are quite high. In one instance we found an obvious difference between the normal groups and the

disturbed groups, this concerning the relation between the "preconscious level (Level II) and the normative level (Level III). We obtained a high and significant correlation in the normals group, and nearly a zero, and of course insignificant, correlation in the disturbed group.

A clear picture emerges from comparisons of other correlations in the two samples: intercorrelations among the levels are always higher in normals compared to the disturbed, though in both samples the correlations are positive.

In order to examine whether the correlations between the levels are significantly higher for normals as compared to disturbed, calculations were made of the mean correlation between the levels for normals and of the mean intercorrelation for the disturbed; this was done by converting the correlation's values to Z values, and by re-converting the mean values of Z to correlations.

The mean correlations obtained for normals was 0.53 compared with a mean of 0.26 for disturbed. In examining the difference between the correlations we find that the difference is significant ($P < .005$ in a two tail test): the connection between levels is higher in normals than in disturbed.

Summary

The connections between the levels that are expressed in the correlation are generally positive, but this effect is sharper and stronger in normals than in disturbed.

Displaying the different intercorrelations for the disturbed group, for the normal group and for the whole sample is justified in the light of higher correlations among the levels in normals as compared to disturbed.

Table 1

Intercorrelations between the four levels and standard deviations of means of mother image in the disturbed group, in normals and in the whole sample

group	Level	I	II	III	IV	mean	SD
disturbed A + B	I					99.32	16.73
normals C						107.63	16.70
total sample A + B + C						102.90	17.09
disturbed A + B	II	0.21				80.87	30.12
normals C		0.42*				94.57	24.71
total sample A + B + C		0.31**				85.43	29.02
disturbed A + B	III	0.31*	-0.05			101.58	15.25
normals C		0.62**	0.46**			102.03	16.57
total sample A + B + C		0.41**	0.10			101.73	15.61
disturbed A + B	IV	0.28*	0.11	0.55**		107.52	16.42
normals C		0.58**	0.30	0.71**		111.10	16.09
total sample A + B + C		0.39**	0.19	0.60**		108.71	16.31

* $P < .05$

** $P < .01$

Measurement of Gaps

The six measures of the gaps were constructed to verify Hypothesis No. 8, which claimed that normal children will have smaller gaps between the levels as compared to disturbed. The gaps between the levels are: I-II, II-III, I-III, I-IV, II-IV, III-IV. It should be remembered that this hypothesis deals with absolute gaps, which were calculated for each subject differently, without taking into account whether the image is positive or negative.

The sum of the differences in scores was 90.42 in the therapy group, 77.19 in the special schools group and 70.17 in the normal group; $F(2, 87) = 7.91$ $P < .01$. The gap was larger in disturbed boys of Western background ($\bar{x}=102.06$) than in those of the Oriental background ($\bar{x}=65.35$; $t=9.58$, $P < .0001$). Nevertheless, further examination is warranted as to whether there exists any overlapping between the measures of the gaps among themselves and among the measures of the gaps and the scores of the levels upon which they are based.

The purpose of these examinations is to avoid two types of overlapping. For instance, there is no point in dealing with results of a measure of a certain gap that is too highly correlated with one of the levels upon which this gap is based, because we may find ourselves merely repeating results which were already obtained in this measure. In the same way it would be superfluous to deal with results of two measures of gaps which are too highly correlated because the results will probably be similar.

In order to check the amount of overlapping between the gaps and the levels, and between the levels themselves, we calculated inter-correlation between the measures of the gaps (Table 1 this chapter) and correlations between the measures of gaps and the scores of every level (Table 2 this chapter).

Table 1

Intercorrelations between gaps in the disturbed group, in normals and in the whole sample

group	gap	I-II	II-III	I-III	I-IV	II-IV	III-IV
A + B C A + B + C	I-II						
A + B C A + B + C	II-III	.79** .80** .80**					
A + B C A + B + C	I-III	.18 .00 .15	.37** -.08 .31**				
A + B C A + B + C	I-IV	.80 -.03 .07	-.15 .01 .15	.59** .10 .51**			
A + B C A + B + C	II-IV	.78** .86** .80**	.89** .84** .88**	.27* -.21 .20	.31* .09 .28**		
A + B C A + B + C	III-IV	.09 .16 .10	.04 -.02 .03	.16 .37* .19	.26* .51** .30**	.18 .10 .16	

* $P < .05$

** $P < .01$

Table 2

Intercorrelations between gaps and the levels in the disturbed group and in the whole sample

group	gap	Level I	Level II	Level III	Level IV
A + B C A + B + C	I-II	.11 .12 .80	-.77** -.64** -.74**	.26* .07 .20	.11 .29 .14
A + B C A + B + C	II-III	-.04 -.02 -.08	-.84** -.69** -.81**	.43** .13 .34**	.13 .19 .12
A + B C A + B + C	I-III	-.39** -.40* -.39**	-.21 -.25 -.23*	.21 -.55** .02	.13 .19 .12
A + B C A + B + C	I-IV	-.52** -.60** -.55**	-.12 -.03 -.12	.08 -.11 .03	.13 -.33 .02
A + B C A + B + C	II-IV	-.07 -.04 -.09	-.86** -.76** -.84**	.31* .09 .24*	.37** .03 .25*
A + B C A + B + C	III-IV	-.20 -.39* -.24*	-.21 -.27 .21*	-.34** -.52** -.39**	.32* .17 .27**

* $P < .05$

** $P < .01$

The results of Table 1 display quite a bit of overlapping between the measures of gaps I-II, II-III, II-IV. Correlations among the measures of these gaps fluctuate between .76 and .89 and are very high in the disturbed group as well as in the normal group.

Likewise, there is some overlapping between other measures of the gaps, but this is neither as high nor as systematic in the two samples as with the above three gaps.

Table 2 shows these three gaps as also very highly correlated with Level II, upon which they are based. Again we see that the correlations are systematic both in the disturbed group and in the group of normals. We can conclude that measures I-II, II-III, and II-IV are influenced a great deal by the score of Level II, and examining these will only repeat results already obtained from analyzing Level II by itself, which is to say, there is no contribution for the gap itself. Consequently we shall treat only the three remaining gaps, I-III, I-IV, III-IV, and ignore those gaps based on Level II.

These measures of gaps also show quite high correlations, but not so high that we can claim these are the same measures of gaps. Moreover, as was noted, these are not as systematic in the two samples (disturbed and normals). Further, the degree of their dependence on the levels upon which they are based does not justify excluding them from the analysis.

Reducing the treatment of the gaps to only three limits the examination of Hypothesis No. 8 for analyzing the gaps between three levels (I, the factual, III, the normative, IV, the aspirational). As was mentioned, we excluded Level II, the "preconscious" level, from the analysis.

Hypothesis No. 8 dealt with the comparison of the gap size in

absolute value between normal and disturbed boys. The hypothesis did not deal with communities (1. Western, 2. Eastern) and did not distinguish between the various disturbed groups (A in therapy, B in special schools). Nevertheless, we found it necessary to relate to these two factors in our statistical analysis because of the following reasons:

A. Because results concerning the different communities and the different disturbed groups were obtained during the process of the research, we did not formulate specific hypotheses for these questions; we were however interested in measuring the gaps in the two communities and for the two types of disturbed boys.

B. We became aware not only of systematic differences between the communities in the means at all levels -- these show that Western means are higher than Eastern at every level -- but also of an interaction between this finding and the type of disturbance (see Table 13, Chapter "Analysis of the Relations between Levels"; see also Fig. 1). Because these differences may have influenced the gaps in the different communities and the different disturbed groups, we find it more logical to differentiate according to disturbed groups and according to communities.

We used a two-way analysis of variance where the dimensions are:

1. Group (A disturbed in therapy, B disturbed in special schools, C normal).
2. Community (1. Western, 2. Eastern).

The results of the analyses of variance are shown in Tables 3 - 8. The tables of analyses of variance which were excluded from our research are shown in Appendices 5 A - F.

The results of the analyses of variance do not verify the hypothesis

concerning the gaps: in all three measures of the gaps a significant main effect of the groups was not obtained.

Other results of the analyses of variance and of the specific comparison between the groups have the following implications:

1. In the measure of gap III-IV (III the normative, IV the aspirational) significant community effect was found. The mean of the measure of gap in the Eastern community is higher than the gap for the Western group, in both disturbed groups and in the control group. (The interaction in the measure of this gap is not significant). This result reveals that in the group of Eastern boys the distance between the description of the normative mother and the description of the aspirational mother is wider, and this is without taking into account the direction. This shows up in the disturbed group as well as in the normal group.

This finding is partially influenced by the difference that exists between the communities in the mean of Level III (mean of Western is higher than the mean of Eastern), since the gap III-IV is in a quite high correlation with Level III (see Table 2).

2. In the measure of the gap I-III (I the factual, III the normative) we obtained a significant effect of the factor of interaction community x group ($P < .05$). Comparing the means within the cells by a t test we got the difference 8.21 between the means, which is significant at a level of $P < .05$. In light of this it is understood that the interaction is based on the mean of the gap, which in Western in therapy (A/1) is higher than the mean gap of the Eastern (A/2) in the same disturbed group.

In the disturbed group in special schools and in the control group the difference between the means of communities is not significant. There is no difference between the disturbed groups among themselves, and between the disturbed and the normal group in the Eastern sample.

In the Western sample, the gap of disturbed in therapy is significantly higher both from the disturbed group in special schools or from normals.

Summary

1. Hypothesis No. 8, which claims higher gaps between levels in disturbed compared to normal, was verified when all six gaps were taken into account, and this effect disappeared when we removed those three gaps based upon Level II.
2. Additional results of the analysis of variance (dealing only with gaps which are not based upon Level II) showed that in one of the measures of gaps there is a difference between communities. The mean of gap III-IV is significantly higher in the Eastern community as compared to the Western in the two disturbed groups as well as the control.
3. A low effect of interaction was obtained in the measure of gap between Levels I-III (factual - normative). This effect shows that a wider gap exists in the Western disturbed in therapy group as compared to Eastern disturbed in therapy.

Tables of means (upper row) and standard deviations (lower row)

Group	Eastern	Western	Total
disturbed in therapy (A)	9.20	19.00	14.10
disturbed in special schools (B)	9.84	24.06	18.74
disturbed in special schools (B)	12.86	13.33	13.10
sum of disturbed (A,B)	13.51	14.89	13.97
control (C)	11.03	16.16	13.60
control (C)	11.76	19.87	16.39
control (C)	14.07	6.80	10.43
control (C)	13.71	6.99	11.31
Total (A, B, C)	12.04	13.04	12.54

Tables of gaps between Levels I-IV
Analysis of variance of the gap (in absolute value) between Levels I and IV

source of variance	SS	df	MS	F	p <
G disturbed group (C, B, A)	215.55	2	107.78	0.49	--
community (2, 1)	22.50	1	22.50	0.10	--
G.E group x community	1095.47	2	547.73	2.49	--
S(GE) part of error		84	219.48		

Table 4

t test for testing the gap between Levels I and IV in sum disturbed and control

Group	N	mean	SD	t	df	p <
sum (A,B) disturbed	60	13.60	13.6			
control (C)	30	10.40	11.31	-1.07	79.04	.288

Table 5

Tables of gaps between levels III-IV

Table of means (upper row)
and SD (lower row)

Group	Eastern	Western	Total
disturbed in therapy (A)	15.07 7.96	9.47 7.86	12.27 8.28
disturbed in special schools (B)	15.33 10.80	12.53 9.91	13.93 10.29
sum of disturbed (A,B)	15.20 9.32	11.00 8.93	13.10 9.29
control (C)	16.47 7.26	10.33 5.47	13.40 7.05
Total (A, B, C)	15.62	10.78	13.20

Analysis of variance of the gap (in absolute
value) between levels III and IV

source of variance	SS	df	MS	F	P<
G disturbed Group (C, B, A)	43.47	2	21.73	0.30	--
community (2, 1)	528.04	1	528.04	7.49	1
Group x community G.E	48.09	2	24.04	0.34	--
S(GE) part of error	5916.80	84	70.44		

Table 6

t test for testing the gap between levels III and IV in sum disturbed and control

Group	N	mean	SD	t	df	P<
sum (A,B) disturbed	60	13.10	9.29	.16	88	.88
control (C)	30	13.40	7.05			

Table 7

Table of means (upper row)
and SD (lower row)

Group	Eastern	Western	Total
disturbed in therapy (A)	11.00 7.83	21.33 21.51	16.17 16.775
disturbed in special schools (B)	12.07 8.51	10.80 8.18	11.43 18.22
sum of disturbed (A,B)	11.53 8.05	16.06 16.86	13.78 13.30
control (C)	15.00 9.10	9.60 5.93	12.30 8.03
Total (A, B, C)	12.69	13.91	13.30

Tables of Gaps between Levels I-III

Analysis of variance of the Gap (in
absolute value) between Levels I and III

source of variance	SS	df	MS	F	p<
G disturbed Group (C, B, A)	381.07	2	190.53	1.46	--
community (2, 1)	33.61	1	33.61	0.25	--
G & B group x community	997.95	2	498.98	3.83	5
S(GE) part of error	10934.27	84	130.17		

Table 8

t test for testing the Gap between levels I and III in sum disturbed and control

Group	N	mean	SD	t	df	p<
sum (A,B) disturbed	60	13.80	13.29			
control (C)	30	12.30	8.46	-0.66	48.76	.508

Testing the Distribution

Since the hypothesis which claims that normal boys will have a smaller gap in absolute value as compared to disturbed boys was not verified, we went on to test the possibility of finding moderate gaps in the group of normals, while disturbed children might show either big gaps or very small ones. This possibility received some support on the basis of comparing the standard deviation in the two groups. As is shown in Table 13, chapter "Analysis of the Relations between Levels", the spread of the three measures of gaps is wider in disturbed as compared to normals. In F test we found that the quotient between the variances of disturbed and normal is significant.

The measure of gap I - III, $F = 2.74$, $P < .001$.

The measure of gap I - IV, $F = 2.10$, $P < .016$.

The measure of gap III - IV, $F = 1.74$, $P < .07$.

We found it unnecessary to test the distribution in these three measures of gaps through dividing by communities because we had not so much as a hint regarding comparison of the standard deviations in the two communities (see Table 13, chapter "Analysis of the Relations between Levels"). However, we did test the distribution of the three gaps I-III, I-IV and III-IV by dividing the disturbed groups and ignoring the communities.

This was achieved by dividing the size of the gaps into three parts. The upper third, the middle third, the lower third; and χ^2 was carried out. Tests for examining the distribution of gaps were made once in disturbed groups in therapy (A), disturbed groups in special schools (B), and normal groups (C), and once in combined disturbed groups (A + B) as compared to normal (C).

Tables 1 - 6 show that no significant differences in the distribution of gaps were found in any of these tests. Tables χ^2 for testing the gaps excluded from our treatment (I-II, II-III, II-IV) are shown in Appendices 6 A - F.

Table 1

The gap distribution between Levels I and III according to thirds in 3-groups A, B, C*

group		lower third	middle third	upper third	Total
A in therapy	N	<u>12</u>	<u>6</u>	<u>12</u>	<u>30</u>
	%	40.0	20.0	40.0	100.0
B in special schools	N	<u>10</u>	<u>12</u>	<u>8</u>	<u>30</u>
	%	33.3	40.0	26.7	100.0
C control	N	<u>9</u>	<u>11</u>	<u>10</u>	<u>30</u>
	%	30.0	36.7	33.3	100.0
Total	N	<u>31</u>	<u>29</u>	<u>30</u>	<u>90</u>
	%	34.4	32.2	33.3	100.0

$$\chi^2 = 3.895, df = 4 \text{ NS}$$

Table 2

The gap distribution between Levels I and IV according to thirds in 3 groups A, B, C*

group		lower third	middle third	upper third	Total
A in therapy	N	<u>9</u>	<u>12</u>	<u>9</u>	<u>30</u>
	%	30.0	40.0	30.0	100.0
B in special schools	N	<u>9</u>	<u>9</u>	<u>12</u>	<u>30</u>
	%	30.0	30.0	40.0	100.0
C control	N	<u>10</u>	<u>11</u>	<u>9</u>	<u>30</u>
	%	33.3	36.7	30.0	100.0
Total	N	<u>28</u>	<u>32</u>	<u>30</u>	<u>90</u>
	%	31.1	35.6	33.3	100.0

$$\chi^2 = 1.1089, df = 4 \text{ NS}$$

* The division into thirds is not exact because of ties

Table 3

The gap distribution between Levels III and IV according to thirds in 3 groups A, B, C*

group		lower third	middle third	upper third	Total
A in therapy	N	<u>10</u>	<u>11</u>	<u>2</u>	<u>30</u>
	%	33.3	36.7	30.0	100.0
B in special schools	N	<u>10</u>	<u>12</u>	<u>8</u>	<u>30</u>
	%	33.3	40.0	26.7	100.0
C control	N	<u>6</u>	<u>12</u>	<u>12</u>	<u>30</u>
	%	20.0	40.0	40.0	100.0
Total	N	<u>26</u>	<u>35</u>	<u>29</u>	<u>30</u>
	%	28.9	38.9	32.2	100.0

$$\chi^2 = 2.1845, df = 4 \quad NS$$

Table 4

The gap distribution between Levels I and III according to thirds in disturbed groups (A+B) and control group (C)*

group		lower third	middle third	upper third	Total
A + B disturbed	N	<u>22</u>	<u>18</u>	<u>20</u>	<u>60</u>
	%	36.7	30.0	33.3	100.0
C control	N	<u>2</u>	<u>11</u>	<u>10</u>	<u>30</u>
	%	30.0	36.7	33.3	100.0
Total	N	<u>21</u>	<u>29</u>	<u>30</u>	<u>90</u>
	%	34.4	32.2	33.3	100.0

$$\chi^2 = 0.5339, df = 2, p < .05 \quad NS$$

* The division into thirds is not exact because of ties

Table 5

The gap distribution between Levels I and IV according to thirds in disturbed groups (A+B) and control group (C)*

group		lower third	middle third	upper third	Total
A + B disturbed	N	<u>18</u>	<u>21</u>	<u>21</u>	<u>60</u>
	%	30.0	35.0	35.0	100.0
C control	N	<u>10</u>	<u>11</u>	<u>9</u>	<u>30</u>
	%	33.3	36.7	30.0	100.0
Total	N	<u>28</u>	<u>32</u>	<u>30</u>	<u>90</u>
	%	31.1	35.6	33.3	100.0

$$\chi^2 = 0.2371, df = 2 \quad \text{NS}$$

Table 6

The gap distribution between Levels III and IV according to thirds in disturbed groups (A+B) and control group (C)*

group		lower third	middle third	upper third	Total
A + B disturbed	N	<u>20</u>	<u>23</u>	<u>17</u>	<u>60</u>
	%	33.3	38.3	28.3	100.0
C control	N	<u>6</u>	<u>12</u>	<u>12</u>	<u>30</u>
	%	20.0	40.0	40.0	100.0
Total	N	<u>26</u>	<u>35</u>	<u>29</u>	<u>90</u>
	%	28.9	38.9	23.2	100.0

$$\chi^2 = 2.0899, df = 2 \quad \text{NS}$$

* The division into thirds is not exact because of ties

ADDITIONAL ELABORATIONS

Reaction to the Story

In the chapter "Instruments", where we described the instructions for studying the "preconscious" level (Level II), we said that after the child had drawn a family, he was asked to tell a story as a reaction to the drawing. Some of the children refused to tell a story. We denoted a refusal, namely inability to respond, when the child refused to give even one sentence as a response to the drawing. In other words: a child whose story included one sentence or more was marked as a responder. A total refusal to react was found only in the disturbed groups (15% refusals) while all the normals reacted. We wished to see if difference in the ability to react to a story is significant.

In a two-way analysis of variance, Group (A disturbed in therapy, B disturbed in special schools, C control) x Community (1. Western, 2. Eastern), done on the measure of reaction to the story (Table 1) we obtained an effect of $P < .037$ for the groups. The factor of community was not found significant and no significant interaction group x community was obtained.

Table 1
 Reaction to the Story (responded against did not respond)

Group	mean SD % of reactions	Eastern	Western	Total
A disturbed in therapy	.73 .46	.87 .35	86.67	80.00
B disturbed in special schools	.93 .25	.87 .35	86.67	90.00
C control	mean SD % of reactions	1.00 .00	1.00 .00	100.00
Total	mean SD % of reactions	88.00	91.00	90.00

Analysis of variance for testing differences in reaction to the story according to groups and communities

source of variance	SS	df	MS	F	p <
G disturbed group (A) in therapy (B) in special schools (C) control	.60	2	.30	3.43	.037
E community (1. Western 2. Eastern)	.01	1	.01	.12	--
Group x community	.15	2	.08	0.89	--
S part of error	7.33	84			

Table 2
 t test for comparing disturbed (A+B) to normals (C) in the measure of reaction to the story

Group	N	Responses	SD	t	df	p <
disturbed (A + B)	60	.85	.36			
control (C)	30	1.00	.00	2.28	88	.025

When using the t test to compare the disturbed groups (A+B) with normals (C) we obtained a significance of $P < .025$ (Table 2).

Hence the picture is clear: the ability to respond and to tell a story as a reaction to a drawing is different in normals as compared to disturbed. The ability of disturbed children is significantly lower than that of the normals.

The Ratio of Proximity of the Child to his Mother

In the chapter on instruments in the paragraph dealing with analysis of the drawing and its scoring, we noted that the ratio of proximity is the mean distance of other members of the family from the mother figure in proportion to the distance of the child himself from this image. Though we did not formulate a hypothesis concerning this measure, because our work is concerned with the perception of the mother image at various levels of personality, we expect the score for ratio of nearness will add meaning to our understanding the dimension of the "preconscious".

In a two-way analysis of variance, shown in Table 3, which was made on the measure of the ratio of nearness of the child to his mother, we obtained a significant effect between the groups, that is, beyond the difference between the communities. The level of significance concerning the ratio of proximity of the child to his mother is $P < .03$. When using a t test to compare the disturbed groups (A + B) we obtained a significance of $P < .01$.

Observing the table of means attached to Table 3, we see that normal children draw themselves proportionately more remote from the mother figure as compared to disturbed children. The mean of normals is 0.85 while the mean of disturbed in therapy is 1.27 and

the mean of disturbed in special schools is 1.13. See Fig. A in this chapter.

The factor of community was also found to be significant ($P < .01$), and this is beyond the difference between groups. Western children drew themselves more remote from the mother figure compared to Eastern (proportionally to other members of the family). The general mean of Western boys is 0.93 and of Eastern, 1.24. See Fig. B this chapter. No effect of interaction group x community was obtained.

It is worthwhile adding that no significant correlations were found between the ratio of nearness of the child to his mother and the perception of the "preconscious" level. But a negative correlation $r = -.38$ ($P < .01$) was found in the correlation between the score for proximity and perception of the mother image at the factual level (Level I). This finding shows up only in disturbed in special schools (see Table 7 at the end of this chapter). In other words: the less favourably the child perceives his mother in reality, the closer he draws himself to her.

Summary

In analyzing the measure of proximity of the child to his mother, we find that disturbed draw themselves closer to the mother in relation to other members of the family, compared to normals, and that boys of Eastern background draw themselves closer than do Westerns. These results are reflected clearly in Fig. A and Fig. B in this chapter.

Table 3

Ratio of proximity of the child to his mother
 Table of means and standard deviations

Group		Eastern	Western	Total
A disturbed in therapy	mean	1.47	1.07	1.27
	SD	.91	.78	
B disturbed in special schools	mean	1.36	.89	1.13
	SD	.55	.48	
C control	mean	.89	.82	.85
	SD	.50	.32	
Total	mean	1.24	.93	
	SD			

Analysis of variance for testing differences in the ratio of proximity of the child to his mother

source of variance	SS	df	MS	F	p <
G disturbed group (A) in therapy (B) in special schools (C) control	2.69	2	1.35	3.48	.03
E community (1. Western 2. Eastern)	2.22	1	2.22	5.74	.01
(GxE) group x community	0.68	2	0.34	0.87	--

Table 4

t test for comparing disturbed (A+B) to normals (C) in the measure of ratio of nearness of the child to his mother

Group	N	mean	SD	t	df	p <
disturbed (A + B)	60	1.20	.72	-2.88	86.08	.01
control (C)	30	.85	.42			

Measure of Proximity of the Child to his Mother

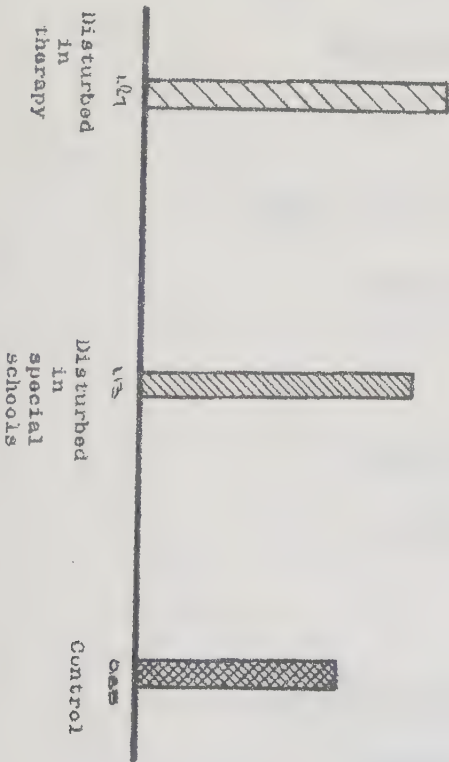


FIG. A

Measure of Proximity of the Child to his Mother

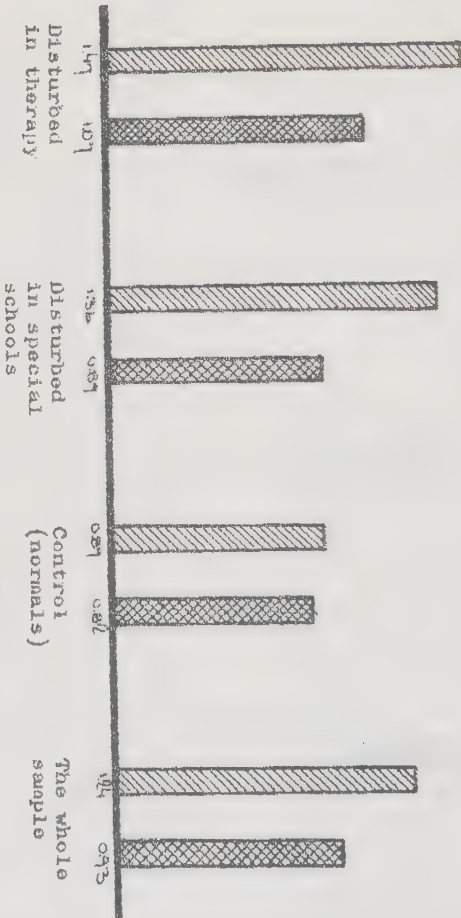


Fig. D

Ratio of Size (Bigness)

In our instruments chapter, in the paragraph dealing with the score for the drawing, we noted that the score for bigness is the proportion between the length of the mother figure and the length of the child's figure. This measure -- like the measure of proximity of the child to the mother -- may clarify additional aspects concerning the mother-child relationship. Concerning this measurement we did not offer a hypothesis.

In a two-way analysis of variance, group (A, disturbed in therapy, B, disturbed in special schools, C, control) x community (1. Western, 2. Eastern), we obtained no significant effect for group, no significant effect for community and no effect for interaction group x community.

Our conclusion is that the groups do not differ in the measurement of score for the ratio of size (bigness) (see Table 5).

Table 5

Ratio of Size (bigness)

Table of means

group	Eastern	Western	Total
disturbed in therapy (A)	1.44	1.46	1.45
disturbed in special schools (B)	1.62	1.50	1.56
control (C)	1.43	1.48	1.51
Total	1.49	1.59	

Analysis of variance for testing the measure of bigness in groups and communities

source of variance	SS	df	MS	F	P<
G disturbed group (C, B, A)	0.18	2	0.09	0.49	--
E community (2, 1)	0.08	1	0.08	0.04	--
G.E group x community	0.31	2	0.16	0.84	--
S(GE) part of error	1.70	84	0.19		

Analyzing the Score for the Story

In the chapter on instruments we explained the principle of scoring the story about the family. The higher the score the better the mother is perceived. This measure, like the measure of proximity and the measure of size (bigness), may clarify additional aspects concerning the mother-child relationship.

The analysis of variance shown in Table 6 shows that there is a significant group effect. Observing the table of means (see Table 6) we see that the projected content of normal children contains sentences describing a more favourable mother as compared to the projected content of disturbed children.

According to Table 7, the score for the story has a significant correlation with the "preconscious" level. For the whole sample $r = .45$, $P < .01$, which is to say that the more favourably the mother is perceived at the "preconscious" level, the more favourable the content of the story concerning the mother-child relationship will be.

Table 6

Score for the Story

Table of means and standard deviations

group		Eastern	Western
A disturbed in therapy	mean	7.72	6.61
	SD	.78	2.2
	N	11.00	13.00
B disturbed in special schools	mean	6.36	6.77
	SD	2.24	1.96
	N	14.00	13.00
C control	mean	7.60	7.80
	SD	.91	1.26
	N	15.00	15.00

Analysis of variance for testing the differences in the score for the story according to groups and communities

source of variance	SS	df	MS	F	P<
G disturbed group (A) in therapy (B) in special schools (C) control	18.63	2	9.31	3.31	.04
E community (1. Western, 2. Eastern)	.27	1	.27	.10	.76
G.E group x community	8.53	2	4.27	1.52	.23
S(GE) part of error	210.78	75	2.81		

Table 7

Correlations between scores for perception of the mother-image at each of the four levels, and the measures of ratio of proximity, ratio of size and score for the story of the family

measure	group	I	II	III	IV	ratio of proximity	ratio of size
ratio of proximity	A disturbed in therapy	.05	.04	-.14	-.02		
	B disturbed in special schools	-.38*	.09	-.20	-.03		
	A+B sum disturbed	-.10	.05	+.15	-.03		
	C control	.08	-.01	-.12	-.13		
	A+B+C whole sample	-.11	-.02	-.14	.07		
ratio of size (bigness)	A disturbed in therapy	.03	-.18	.15	.08	.07	
	B disturbed in special schools	.10	.28	.01	.19	.30	
	A+B sum disturbed	.08	.05	.08	.14	.14	
	C control	.11	.26	-.12	-.11	-.06	
	A+B+C whole sample	.09	.11	.00	.05	.08	
score for the story	A disturbed in therapy	.04	.66**	-.26	-.30	.06	-.04
	B disturbed in special schools	.14	.35*	.04	.31	-.11	.22
	A+B sum disturbed	.07	.46**	-.08	.01	-.02	.09
	C control	-.04	.27	.15	.16	.04	.00
	A+B+C whole sample	.10	.45**	-.03	.06	-.07	.06

* $P < .05$

** $P < .01$

DISCUSSION

Patterns of Levels

The purpose of the study was to explore perceptual differences of the mother in pre-adolescent normal and disturbed boys at four levels of personality. The first question was: Will the mother be perceived in a different or in a similar way at the levels under study? In other words: has the child or has he not different intrapsychic representations of a mother, and if so, how are these differences or similarities reflected in different populations? We studied these questions in pre-adolescent boys who were selected from two different disturbed populations and a normal population. The questions were also asked regarding differences between ethnic groups (Western and Eastern), and concerning the interaction between the factor of adjustment and the ethnic factor. The principal aim of the study was to reveal connections between perception of the mother image at different levels (the factual, the "preconscious", the level of norms and the level of aspirations) and different types of disturbances in the child's adaptation.

We followed the psychoanalytical orientation point of view, utilizing the self-object, the topographic and the tripartite models. The work is founded on theories and schools which attempt to develop

ego, cultural and interpersonal conceptions within the framework of Freudian psychosexual theory.

In general, we may say that the assumptions concerning the relations of the four levels were confirmed. The first three hypotheses claimed that we will find a certain hierarchy among the levels so that at the "preconscious" level the mother will be described less favourably than at the other levels; at the factual and at the normative level the mother will not be described differently, but at these two levels she will be described more favourably than at the "preconscious" level. At the ideal level she will be described more favourably than at the other three levels. The hypotheses concerning the pattern of the relations were formulated for the whole sample. At this stage we did not, as yet, differentiate the main independent variable in our research, either disturbances in the child or the variable of community (Western or Eastern). The results do show that there is a hierarchical order that is stable beyond the type of the subject -- his being disturbed or normal, Eastern or Western. The stable order is a testimony of the reliability of the results. The tests were given in 24 combinations of order. We can conclude that the results reflect fundamental differences and are not influenced by the factor of the order of studying the levels under research. In all sub-groups except one specific deviation for one of the disturbed groups (Eastern in therapy), a sub-group that we will deal with later, the mother was described at the "preconscious" level less favourably in comparison to the other three levels. Also at the two middle levels of the hierarchy, the factual and the normative levels, we obtained confirmation of our hypothesis that the mother will be perceived alike. With the exception of only one deviation, which is connected with a specific group of disturbed (Western in therapy), a result which we will deal with later, we found the expected similarity. We see in these findings a reliable basis for discussion, reflecting a fundamental result.

The first point for discussion on the subject of relations between the levels is the systematic differences that were found among them. We can conclude that the subjects in our research really described different aspects, or representations, of mothers at the different levels. From this we can infer that the levels are different. The question is raised whether our conclusion is correct for the factual and normative levels, though we found that the factual and normative levels are not different, except in one subgroup. There we found that the factual level is perceived less favourably than the normative. As we shall see, this similarity does not prove an identity among them. The difference between these levels expresses itself by the factual level being influenced by the factor of disturbance while the normative level is unaffected by this. In Graph 2 (chapter Findings, paragraph dealing with comparison of means of the levels in groups and sub-groups according to communities) we see clearly that differences between the disturbed groups in perceiving the mother image at the factual level (Level I) shrink to a very low point at the normative level (Level III).

Relations between the Factual Level and the "Preconscious" Level, and Factors Influencing each of these Levels Separately

Until now we have dealt with the general pattern of the first three hypotheses. We will now deal with each hypothesis separately. It was claimed on the first assumption -- which was related to the whole sample -- that at Level I, the factual level, the mother will be perceived more favourably than at Level II, the "preconscious" level. This assumption was fully confirmed; in this we found support for the claim of psychoanalytical theory that the negative image of the parent is repressed to the "preconscious" and even to

the unconscious while positive and favourable attitudes toward the parent remain conscious. According to Freud the contents of the unconscious never have direct access to consciousness; in order to be perceived they must first pass through the "preconscious".

When we come to compare Level I to Level II we have to discuss the factors influencing each level separately. In our work it was found that the mother image on the factual level is influenced by the factor of disturbance and the factor of community. As to the factor of disturbance it was claimed in Hypothesis No. 4 that the disturbed will perceive the mother at this level differently than do normal children; this claim was fully verified. But in the hypothesis the direction was not defined, because it was not clear whether disturbed children will reject the world of existing humanity by constructing a more satisfactory world in their imagination (Kluckhohn and Murray 1949, p 32) or that the factual image of the mother will be influenced, in disturbed children, by the frustration of reality and by the image of the schizophrenogenic mother. In this work we found that the factual mother is perceived less favourably by disturbed children than by normals, a result repeated in the different groups and sub-groups according to communities. Arieti (1955, pp 49-55) claims that while the normal child tries to and succeeds in preserving the good image of the parent, the preschizophrenic child remains with the feeling that the parents, especially the mother, are bad. Though we are not sure that the disturbed children in our sample are preschizophrenic, our findings show that the disturbed perceive their mother less favourably than normals, and perhaps this is simply a reflection of the reality.

The explanation that the perception of the mother at the factual level is a reflection of reality needs further clarification, as we did not test variables concerning the behaviour of the mother. The child's perception of the mother, besides being connected with the

mother as a stimulus, is connected with the characteristics of the child perceiving her. This raises the question whether we have here a projection of the child's imagination on the mother (Kernberg 1975) and the question of the inability of the disturbed child to absorb the stimuli of the good mother (Mahler 1968, 1975).

Furthermore, it is important to be very careful in giving a causative interpretation on the basis of this research as to the connection between the behaviour of the mother and the disturbance of the child, not only because we did not study variables concerning the behaviour of the mother, but also because we did not study the complicated interaction between the mother and the child which includes stimuli coming from the child; thereby prompting the mother's reaction. Beyond these limitations our study found that normal children perceive their mother more favourably than disturbed at the conscious level, and that this is probably a reflection of the child's psychological reality.

Another component concerning the relation between Level I and Level II is the "preconscious" level. In Hypothesis No. 5 we claimed that normal children will perceive their mother at the "preconscious" level more favourably than disturbed children. In general this hypothesis was verified and in this there is support for Mahler's claim (1968) that the disturbed child has a more negative experience with his mother -- either connected with the mother's behaviour or connected with the child's perception -- and these experiences are repressed to the "preconscious".

Until now we have spoken about the factors influencing the factual-conscious level and on the "preconscious" in the entire sample. Now we will examine the disturbed groups and the sub-groups of disturbed within each community separately. Western normals perceive their mother at the factual level more favourably than Western boys in the two disturbed groups. And the Eastern normals also perceive their mother at the conscious level more favourably than do Eastern boys in the two disturbed groups of this community -- this even

though the differences between the communities in the perception of the mother are significant. The mother image at the factual level (and, as we will see later, also at the other levels) is perceived more positively by Western boys than by Eastern.

Concerning the "preconscious" level, the results of the study show that disturbed Western of both groups (disturbed in therapy and disturbed in special schools) perceive their mother less favourably at the "preconscious" level than normal children. This verifies Hypothesis No. 5 for the Western population. As was assumed, these subjects described the mother at the "preconscious" level less favourably than did normal children belonging to the same community. But subjects of the sub-group Eastern in therapy (opposing the hypothesis) describe the mother at the "preconscious" level more favourably than normal children. Here we see an interaction between the community factor and the disturbance factor in perceiving the mother at the "preconscious" level and this interaction focuses on the sub-group of Eastern in therapy. One possible explanation for this is that differences in socio-economic status may influence perception of the mother image at the "preconscious" level. And indeed it was found that Eastern in therapy fall into a lower socio-economic bracket than do Western in therapy. Mintern and Lambert (1964) and Bronfenbrenner (1958) and Eldern and Bowerman (1963) deal in their research with the behaviour of the mother (though not in the perception of the mother image). They found that socio-economic conditions influence the mother's behaviour. Perhaps here too socio-economic status has something to do with the perception of the mother image at the "preconscious" level in the Eastern community. But this explanation is unsatisfactory when we recall the research of Neugarten and Gutman (1958), who studied perception of the mother image with a projective instrument and found no connection between the perception of the parent image and the different social classes. Uddenberg and Englessen,

who (1979) studied perception of the mother image in projective play sessions, also report no correlations between the mother's report of her social situation and data from the play sessions.

We see that the Eastern in therapy in our study represent a specific disturbed group that has other characteristics: the percentage of their reaction to the story was low, in their drawing they placed themselves close to the mother, they are restricted in their behaviour (according to the teachers' response to questionnaire). It may well be that we are faced with an anxious group who, Leary (1957) says, repeat at the symbolic level (the "preconscious" level) the same contents that were raised at the conscious level: they cannot express themselves even in an indirect way (in response to a projective technique) (see Theoretical Background).

In summarizing the discussion of the above, we must say that the results of the present study cannot give a clear answer to the question, Why does the sub-group of Eastern disturbed in therapy not present a less favourable perception of the mother image at the "preconscious" level in comparison with the control group of the same community? Indeed, some questions are being raised here that are worthwhile investigating. The perception of the mother at the "preconscious" level in the Eastern community should be studied in different disturbed groups of various socio-economic status. The results of this study raise the question of interaction between disturbance, community and socio-economic status in the perception of the mother image at the "preconscious" level.

Relations between the Factual Level and the Normative Level, and Factors Influencing each of these Levels Separately

Now we come to Hypothesis No. 2, which claims no significant distinction between the factual level and the normative level. The results of our research show that Hypothesis No. 2 was verified in the groups and sub-groups according to communities, except in a specific disturbed group, Western in therapy, where this similarity was not found according to expectation. The factual mother and the normative mother were perceived alike, the real mother behaving as she "should" behave, except for the disturbed in therapy, where we got the relation $I < III$, indicating a factual mother not as good as she "should" be.

We have to consider that though we found that the disturbed from all groups perceived their mother less favourably than normals, except Western in therapy, the normative mother is similar to the factual mother. We found significant differences among the communities in the perception of the mother at both levels (as we found for the other levels also). Nevertheless, similarity among the levels in the groups and in the sub-groups according to communities remained, as expected, $I \sim III$ (except in the group of Western in therapy, a group we will deal with later). This reliable finding is a basis for discussion.

The results that show a similarity between the normative mother and the factual mother support the psychoanalytical claim that the child absorbs the norms and values of his parents. It also supports our claim that through the process of identification the parents themselves according to their behaviour are the source of norms the child holds about the way mother and father should behave.

Kernberg (1975) says that the child wants to keep the good image of the parent. There is reason to assume that the normative is the

"good mother", the mother as she "should" be, and in this way she is realistically better than the aspired, which contains besides the good mother, desires and unrealistic expectations. Kluckhohn (1955, p 432) says that the ideal contains something unobtainable. We maintain that the child perceives the good mother as an attainable mother, namely the normative mother.

The claim is that keeping the good image of the parent becomes possible by removing undesirable traits from the conscious, and in fact we found in our work the relation $II < I$, which is to say that the unconscious image of the parent is less favourable than the factual. Therefore the factual image ought to remain similar to the normative, to the good image. Indeed, except in the group of Western disturbed in therapy, this likeness was obtained.

In spite of the difference between the communities, within each community and within every sub-group of that community (excluding Western in therapy) the normative mother is similar to the factual mother; this in addition to the relation $II < I$ -- in spite of the fact that the factual mother is less favourably perceived in disturbed than in normal -- supports the psychoanalytical claim that the process of identification consists of absorbing the parents' norms, and Kernberg's claim that the child needs to preserve in reality the image of the good parent.

The question arises, Why is the normative mother perceived by the disturbed in a manner not significantly different from the factual mother, and this although disturbed boys perceive the factual mother less favourably than do normal children? In answer to this we find Arieti's claim (1955, pp 48-52, 1974) that it is better for the child to be punished by the good mother, who "should" punish him, the bad child. If she punishes in reality she should punish according to norms, namely, when she punishes she is good.

It is worthwhile adding that in everyday clinical work we see many children who describe a hostile, rejecting and penalizing mother, and when asked if they think their mothers are treating them properly, do not hesitate to answer: If she beats me she is educating me, which is good....

Why then do Western in therapy perceive the factual mother less favourably than the normative? In the theoretical background we noted that the preschizophrenic child may have difficulties in preserving the good image of the parent, an image that was built by him when he was an infant. Perhaps even in infancy he was unable to construct a positive image. The preschizophrenic remains somehow conscious of the bad qualities of the mother. We have already said that we are not really sure that the Western in therapy in our research are preschizophrenic. What our work shows is that one of the characteristics of this group, at the factual level, is that some of the bad qualities remain conscious. This is in spite of the fact that in this group the bad image at the factual level is not as bad as it appears at the "preconscious" level. On the contrary, this group perceived the mother image in the least favourable way compared to all other groups at the "preconscious" level. We may assume that Western in therapy do not succeed in repressing all to the unconscious, notwithstanding the big gap between "preconscious" image and the conscious image, because of the burden of their negative experience.

Our findings show that Western in therapy believe that the mother does not behave as she "should" behave. It may be that in this group the mother transfers information to the child about the question of the way a mother should behave, that contradicts the way she behaves in reality. Hoffman (1970) deals with this subject and claims that the child identifies with standards and norms that have a verbal expression. At this point we should recall

that the gap between the information the mother transfers to the child and the way she actually behaves was not studied in this work; certainly it is a worthwhile subject for study.

In this connection Arieti speaks of children who exchange their parents' and their own beliefs about norms. Children who hold their parents' beliefs about norms feel themselves victims of their environment and may try to detach themselves emotionally from the parent. Issues concerning the child's feelings were not studied in this work; it is worthwhile widening the research in order to study the self-image of the child, his feelings and so on in the groups discussed. Be this as it may, the gap I < III for disturbed in therapy is a reasonable source of cognitive dissonance with all its applications.

Relations between the Normative Level and the Aspirational Level and between the Factual Level and the Aspirational Level, and Factors Influencing each of these Levels Separately

The third hypothesis included in the general pattern deals with the relations of the normative level and the aspirational level. The results of the research show that in the three groups and sub-groups according to communities, the ideal mother is perceived more favourably than the normative. Hence Hypothesis No. 3 was fully verified. The meaning of this result is that the child aspires to a better mother than that which a mother "should" be. In the statistical analysis it was found also that the child aspires to a better mother than his factual mother, in all sub-groups except the Western control group.

When coming to a discussion of the relationship between the

normative and ideal levels we have to remember that these levels are influenced significantly by the factor of community, but not by the factor of disturbance (Hypotheses No. 6 and 7 were not verified). At both levels Westerns perceive their mother significantly better. This phenomenon is explained on the basis of different educational attitudes in the communities (this will be dealt with in the paragraph that deals with the differences between communities). A person of Eastern origin perceives his mother less favourably in comparison with a Western person, thinks she "should" be so, and though he does aspire toward a better mother than his factual and normative mother, his aspirations are anchored in the frame of the pattern of his culture. In other words: in both communities there is aspiration for a better image of the mother than the normative one. This strengthens the view that in the aspired or ideal, there is something more than in the norm. Along with this there is an obvious tendency to keep within the frame. This is realized in the finding that every community deviates only slightly from its norms; here Orientals do not "dare" to aspire to an unrealistic ideal that is beyond what is allowed according to the pattern of their culture.

Kluckhohn and Murray (1949, p 20) speak of the process of keeping aspiration anchored somewhat to reality. This anchoring to reality does not mean that in our findings the ideal mother is the same as the factual mother -- this finding we discussed and found lacking -- but anchoring in reality in this context means that even though the child aspires to a mother better than she "should" be, he limits his aspirations to the pattern of the culture to which he belongs.

As we said above in examining the relationship between the normative and aspirational levels, through dividing two groups of disturbed and the community sub-groups, a focus of interaction

was found, showing that among the Western control group there is almost an identity between the factual and aspirational levels. Rogers (1951) sees that an optimal gap between the self image and the ideal image is one of the signs of a healthy mind. If this is true also concerning the factual image of the mother and her ideal image then the discussed result shows that the Western control group aspires to the same mother image as the factual mother, and so we have here an ingredient which testifies to mental health.

The question is raised, Why isn't this result also found in the Eastern control group? It is not impossible that the answer is hidden in the fact that Israeli society is dominated, especially in the schools, by Western culture and its permissive attitudes. The Eastern boy, though he accepts his factual mother and the normative mother according to community dictates, nevertheless may absorb the norms of Western society, which cause him to aspire to a mother who approaches the cultural norms of overall Israeli society. Palgi (1978) says that among the Eastern community "there is a tendency to idealize the Western mother", and therefore the child aspires to a better mother than his factual mother, a mother who comes close to the ideal of the Western mother. Nevertheless, we see that this aspiration remains limited to the pattern of culture, and the Eastern boy does not "dare" to aspire to the heights of the ideal of the Western mother.

We found that Western boys aspire to a mother who is similar to the factual one. If, as we claim, this is a sign of a healthy mind, then we may characterize the difference between the factual and the ideal image of the mother in the other sub-groups of the research as a sign of disturbance. (The Eastern control group was discussed above.) Kluckhohn and Murray (1949) in discussing the level of aspiration, claim that realistic people lower their aspirations to a realistic level, and in this way they release

themselves from the tensions and frustrations of too-high aspirations. When disturbed children do not accept the existing realities of the present, they aspire to an imagined and unrealistic mother.

Up to now we have dealt with relations between the normative and the aspirational levels. It is worthwhile mentioning that one of the interesting results is that the level of norms correlates with the IQ ($P < .01$, $r = .30$) and that the level of aspirations also shows a positive correlation with the IQ ($P < .05$, $r = .25$). Since the "good mother" in our research is in fact more or less fitted to the normative educational demands of Israeli society, it is reasonable to assume that the more intelligent the child the more he will absorb the educational norms surrounding him, and he will think that a mother "should" behave according to these, and he will even "aspire" to having her behave accordingly.

Connections between the Levels

In our chapter "Theoretical Background", we discussed various concepts of the different levels. It was claimed that from a conceptual point of view the levels (components) are different. Out of the four components dealt with by Kreitler and Kreitler (1972) our work studies three: the factual level, the normative level and the aspirational level. One of the claims of Kreitler and Kreitler is that the components are not correlated. Though the three levels in our research parallel the components dealt with by Kreitler and Kreitler, are different in their conceptual definition, and their statistical analyses show that the levels are different, we obtained correlations among them; correlations were obtained as well -- although not always significant -- between the three

discussed levels and the "preconscious" level, with which Kreidler and Kreidler do not deal.

This result does not contradict previous findings, which show that certain conditions may encourage correlations between components. These conditions may be the type of population (children), sensitivity of the topic and the form of the questionnaire itself.

And indeed, as in the research on Cognitive Orientation and Curiosity by Kreidler and Kreidler (1974), our study dealt with children. The possibility that the sensitivity of the subject contributes to the formation of correlations is discussed by Label (1974), who studied the connection between cognitive measures and behaviour under conditions of pain. Our subject, the mother image, is sensitive, burdened and complicated. The type of population, together with the sensitivity of the subject, highlight the speculation raised by earlier researchers in attempting to explain the connections found between components. Our finding strengthens these speculations, though more direct research should be undertaken in order to test these claims.

One of the most interesting results in our research is that correlations between the levels in the research are always higher in normal boys compared to disturbed, and this difference was found statistically significant. We explained this result as a more crystallized perception of the mother image in normals, perhaps as a result of more harmony in their personality. It may be that environmental conditions enabled normals to approach a more stable pattern concerning the perception of the mother images; or, obversely, perhaps disturbance prevents children from absorbing the mother image in a harmonized and crystallized way.

It should be emphasized that there is here no indication of generalizing this finding in order to claim that disturbed children are

characterized by lower connections between levels as compared to normals. This finding may well be limited to the subject of mother image. It may be that we will not get this picture in less sensitive objects of study. It would be interesting to study this possibility as a hypothesis by itself. We would then propose studying the connections between the sensitivity of the subject, the disturbance, and between connections and lack of connections between the different levels.

Differences between Communities

The question of differences between communities in the perception of the mother at the various levels was raised throughout the process of the research. In the discussion up to now we have dealt largely with the results as found in the communities, but it is worthwhile to discuss and summarize this issue on its own. The results of the research show that the mother at the factual level, at the normative level and at the aspirational level is perceived with significant differences in the various communities. Western boys perceive their mother at these three levels more favourably than do Eastern boys. At the "preconscious" level this is true for two groups: Western disturbed in special schools, and the Western control group. An opposite direction exists in only one group: Eastern in therapy perceived their mother at the "preconscious" level more favourably than do Western in therapy (see chapter Findings, Fig. 1).

Results concerning the factor of community in perception of the mother image support the claim of Kluckhohn and Murray (1949) and Kluckhohn (1964), who claim that the patterns of culture influence the perception of reality, the evaluation of reality

and the aspirations. The child's perception of his mother image may be viewed as belonging to a general, larger orientation of values. The results of our research support anthropological claims (R. Benedict 1954, Cohen 1973, Linton 1965) concerning the importance of values and norms in defining the roles of parents. The claim of these anthropological researchers is that the image of the parent is connected to the role of the parent in the society in which the child lives and is being raised. The child's perception of the mother image is influenced by the experience of social and cultural reality. Indeed, we have seen that except for the interaction between disturbance and community in a specific disturbed group (disturbed in therapy), the factor of community influences all levels.

The question is raised whether to relate results concerning communal differences to the socio-economic factor, to the number of children, the degree of privacy and so on, which are dealt with in the work of Minturn and Lambert (1964), Bronfenbrenner (1958), Cohen (1973) and Eldern and Bowerman (1963). The number of children is a variable which was not controlled in our research and is worthwhile studying. As to the socio-economic factor we obtained borderline results. In spite of this we tend toward the opinion that even when no significant differences in the socio-economic status exist, differences will be found among the communities in the perception of the mother image. In the disturbed group in special schools and in the control group there were no significant differences in socio-economic status (though some tendency to lower socio-economic status was found in the Eastern communities; nevertheless differences between levels in the perception of the mother image were significant and consistent in these groups, differences that came to expression at all four levels. However, when no differences exist in socio-economic status, differences between the communities were found at the four levels under study.

We tend to agree with Whiting's (1963) claim that educational methods are based on environmental conditions, and that later sets of norms and values are constructed for the purpose of supporting these. But we assume that even when differences in the socio-economic status are reduced -- as we have seen in two groups in our research -- the patterns of culture which Frankenstein (1952) views as "belonging" to the structure of the psyche, continue to exist. Children who participated in our research are of Western and Eastern origin, but were born in Israel, indicating that perhaps an integration exists which blurs differences in socio-economic status as it comes to expression in the two groups (disturbed in special schools and control), though the patterns of thought and the values still exist in the different communities.

In additional elaborations we found that Eastern boys draw themselves closer to the mother than do Western boys. The question is raised, What causes this? It may be that this result is connected with the number of children in the family (a factor that was not controlled in our research). Does the Eastern child express in this way his struggle for a place in the larger family? This is of course a speculative explanation; the matter should be studied through controlling the number of children in the family. We believe it more reasonable to explain this finding as an expression of the Western child's ability to move away from his mother more easily (compared to the Eastern) because he perceives his mother as accepting him and seeing him in the centre. The Western mother is more involved, accepts his individuation, is less rejecting, less compelling, etc..

Differences between Normal and Disturbed Boys

The discussion up to now dealt with results concerning differences between disturbed boys and normals; it is worthwhile summarizing these results, and integrating them with the additional elaborations brought forth in our work.

While in the relations between levels we found a general similarity between normals and disturbed (see first paragraph in the discussion), and while we found no differences in gaps between normal and disturbed boys, we did find that there are levels which are influenced separately by the factor of disturbance. This is to say that maladjusted children perceive their mother differently from normal children.

The levels influenced by the disturbance factor are: the factual and the "preconscious". At these two levels disturbed children perceive their mother less favourably than do normals. It is very interesting that between the two groups of disturbed children there are differences at these levels: disturbed in special schools give a more favourable description compared to disturbed children in therapy.

Indeed we see that perception of the image at the factual and "preconscious" levels is connected -- besides the child being disturbed or normal -- also in a specific sampling of population.

In the additional elaborations we found that normal children draw themselves more remote from the mother compared to disturbed, and that their projective content as reflected in the story they told us as a reaction to the drawing contains sentences describing a better mother, as compared to disturbed children; while disturbed children had difficulty in supplying a story in reaction to the drawing, normals never failed in this.

Hulse (1952) points out that the drawing provides hints as to conflicts within the family. He also analyzes drawings of pre-adolescents (and also from the latent age) but while Hulse pays attention to the child's positioning of himself among family members, he does not elaborate quantitatively. His analysis indicates that the child who draws himself close to the mother looks for support from her. Hulse also discusses the drawing as expressing in a symbolic way the Oedipus complex. It is very possible that the disturbed boys in our research have not yet solved their basic conflicts, and so express in their drawings a desire for close and dependent connections with their mother, while normal children come to more satisfactory solutions and therefore do not cling as tightly to mother, and are not as dependent on her. This result reflects the well-known view among psychologists that a well-adjusted child is able in time to tear himself from the mother (and that the mother enables him to do so). In this way the child is able to build new relations, while the disturbed child does not succeed in this (Sperling 1961, Jackson 1967, Mahler 1976). However, the disturbed child, as we found in our research, perceives his mother at the conscious and "preconscious" levels less favourably than does the normal child, yet seeks her closeness and clings to her, perhaps expressing symbolically his search for crumbs of affection. In everyday clinical work we come across children who, although they were raised in a hostile environment in their own family, nevertheless find separation from their parents very difficult when it is suggested they live away from home.

Another of our results brought up the situation of disturbed children who could not tell a story as a reaction to a drawing which they themselves drew (see chapter "Additional Elaborations"). It is possible that the request to tell a story about a family aroused associations with anxiety content, a situation resembling a shock reaction, as is well known in psychological testing. With this in mind we note that this reaction contributes no specific

input concerning the mother-child relationship; the child was asked to draw a whole family, and thus his rejection is not necessarily connected only with the mother.

As concerns the content of projections in the story, this measure supports the result that normal children perceive their mother at the "preconscious" level more favourably than disturbed, and this supports the claim that the disturbed child had more negative experiences with his mother than the adjusted child, and that these were repressed to the unconscious. These results receive strong support because the score for the story is significantly correlated with the "preconscious" level. In other words: the less favourably the mother is perceived at the "preconscious" level, the less favourably she is described in the story.

SUMMARY AND PRACTICAL IMPLICATIONS

In applying this research to everyday clinical work we may say that a child's disturbance is expressed in various measures. Maladjusted boys perceive their mother less favourably at the factual level and at the "preconscious" level. Regarding the "preconscious" level, we see that it is expressed in the two ways we used to measure it. A less favourable image of the mother is portrayed in the answers to the questionnaire designed to study the "preconscious" level. Also, a less favourable description of the mother is reflected in the content of the story the disturbed child told as a reaction to his drawing of a family. The disturbed child has difficulties in reacting to and telling a story about a drawing he himself has drawn. It was found that the intercorrelations among the levels included in this research are always lower in disturbed as compared to normal children. This result we interpreted as a less harmonious representation of the mother image in the intrapsychic world.

But in applying this to the everyday work we should remember that when interviewing or examining a child about his perception of the mother and his relations with her in general, we must take into account the origin of the child. The child's description of his

mother as accepting him, seeing him in the centre, etc., or compelling him, etc., receives a more meaningful interpretation when we understand the ethnic background of the child. We have seen that it is of paramount importance to take into account ethnic background not only in order to understand conscious descriptions but also in interpreting a "preconscious" content, and even in interpreting a family drawing. Variables that are unique to the disturbance factor only are harmony in the various perceptions of the mother and the inability of the child to tell a story as a reaction to a drawing. Other results in this study are interpreted here as a combination of the disturbance factor and the ethnic factor or the interaction between these two.

As to therapeutic application for the maladjusted child, our research shows that it should be many-sided. We saw that a child's disturbance is expressed in various measures at the levels studied here. By therapeutic application, we mean that treatment -- more than being directed to shrinking gaps between levels, and more than than being directed to the normative and aspirational levels -- should be oriented to the factual level and the "preconscious" level. Treatment should also strive to bring harmony to the intrapsychic representations of the mother image, assuming this will contribute to the development of more harmony in the personality. We did not find that normals differ from disturbed concerning their beliefs about how a mother "should" behave; no significant differences were found between these concerning aspirations they have as to the ideal mother. When we speak about the need to treat the child through various levels, we do not mean that the treatment will focus mainly on the child or mainly on the mother. More reasonably, the treatment should include the mother, the child who perceives this image and all interactions between these two figures. We should not forget that our research did not explore relations among other members of the family. It is logical to believe that

even though the mother figure has a crucial role, the child's emotional life influences and is influenced by other persons in his immediate surroundings. We refer here to practical implications based on this research though we are aware of its limitations.

Though we studied the child's perception and not the mother's behaviour in reality, the discussion up to now concerning the interpretation of results regarding the factor of community along with the factor of disturbance supports the conclusion that the child's perceptions of his parent image is influenced by the behaviour of the parent in reality. Israel invests much educational time, energy and money in order to bring about integration between communities. Our results dealing with the perception of the mother image bring up the question that perhaps, along with other investments, there should be more work done with parents: we mean that psychologists and educators should work with parents regarding attitudes and relationships within the family. Such orientation is not less important than cognitive cultivation. A psychological orientation in working with mothers as well as with other members of the family will not only add a brick to build a healthier population, but will help to produce a better-integrated society. Probably it will also effect cognitive functions which were up to now too much emphasized. The question of how far different communities may be integrated, yet still retain their unique culture is a very interesting one indeed, and must be examined on its own.

It should be taken into account that in this research we studied the perception of the mother image at four levels of personality in pre-adolescent boys. Possibilities for broadening the research include studying the perception of the father image by boys, the perception of the mother and the father image by girls, and all this through various stages of development.

APPENDICES

Appendix 1Questionnaires for Testing the Four LevelsQuestionnaire A

(elaborated according to Schaeffer's questionnaire for socialization)

1. I have a good feeling after
talking to my mother about
my problems: correct - fairly correct - not correct
2. Mother likes to talk to me
and spend a lot of time
with me: correct - fairly correct - not correct
3. She doesn't have a lot of
patience with me: correct - fairly correct - not correct
4. Mother sees my good points
more than my faults: correct - fairly correct - not correct
5. She thinks my ideas are
stupid: correct - fairly correct - not correct
6. She is very strict with me: correct - fairly correct - not correct
7. She says I'm good-
looking: correct - fairly correct - not correct
8. She likes it when I bring
friends home: correct - fairly correct - not correct

9. She spends very little time
with me: correct - fairly correct - not correct
10. She nearly always speaks
with me in a warm and
friendly tone: correct - fairly correct - not correct
11. She says I'm a big problem: correct - fairly correct - not correct
12. She tells me how much she
loves me: correct - fairly correct - not correct
13. She almost never brings
me a surprise: correct - fairly correct - not correct
14. My mother understands my
problems and anxieties: correct - fairly correct - not correct
15. She would like me to find
ways to do things myself: correct - fairly correct - not correct
16. Mother gives me a lot of
care and attention: correct - fairly correct - not correct
17. Sometimes she wishes she
didn't have children at
all: correct - fairly correct - not correct
18. She enjoys travelling and
going for walks with me: correct - fairly correct - not correct
19. She gives me severe
punishment: correct - fairly correct - not correct
20. She says one day I will be
punished because of my bad
behaviour: correct - fairly correct - not correct
21. She smiles at me often: correct - fairly correct - not correct
22. She always nags me: correct - fairly correct - not correct
23. She doesn't show that she
loves me: correct - fairly correct - not correct
24. She is able to make me feel
good when I am blue: correct - fairly correct - not correct

25. Nearly always she complains
about what I do: correct - fairly correct - not correct
26. She gives me the feeling
that I am the most impor-
tant person in her life: correct - fairly correct - not correct
27. She nearly always punishes
me when I am bad: correct - fairly correct - not correct
28. She very often praises me: correct - fairly correct - not correct
29. She says some day I will
be sorry because I wasn't
good when I was a child: correct - fairly correct - not correct
30. She complains that I "get
on her nerves": correct - fairly correct - not correct
31. She calms me when I am
afraid: correct - fairly correct - not correct
32. She nearly never pays
attention when I am good
at home or at school: correct - fairly correct - not correct
33. She thinks that my misbe-
having is a serious thing
which will result in
problems in the future: correct - fairly correct - not correct
34. She always find faults
with me: correct - fairly correct - not correct
35. She is happy to see me
come back from school or
play: correct - fairly correct - not correct
36. She allows me to decide
what to do whenever it's
possible: correct - fairly correct - not correct
37. Very often she makes fun
of me: correct - fairly correct - not correct

38. She enjoys staying at home with me: correct - fairly correct - not correct
39. She punishes me for the smallest wrong thing: correct - fairly correct - not correct
40. She patted me and kissed me when I was little: correct - fairly correct - not correct
41. She spends nearly all her free time with her children: correct - fairly correct - not correct
42. She tells me to stop going around in the house and go somewhere else: correct - fairly correct - not correct
43. She is very interested in what I do: correct - fairly correct - not correct
44. She enables me to do things that children my age don't do: correct - fairly correct - not correct
45. She often is happy to get rid of me: correct - fairly correct - not correct
46. She makes me feel unloved: correct - fairly correct - not correct
47. She says I'm making her happy: correct - fairly correct - not correct
48. She keeps talking over and over again about a bad thing I did: correct - fairly correct - not correct

Note:

Questionnaire A shown here, for the purpose of studying Level I, the conscious-factual level. For studying the other levels we used the same questionnaire though varying the wording. We will use question 1 as an example for the wording of the other levels.

Wording for Studying Level II, the "Preconscious" Level:

1. The child shown in the drawing has a good feeling after talking to his mother about his problems:

correct - fairly correct - not correct

Wording for Studying Level III, the Level of Norms and Values:

1. A mother should give her child a good feeling after he talks to her about his problems:

correct - fairly correct - not correct

Wording for Studying Level IV, the Level of Aspirations:

1. I wish to have a good feeling after talking to my mother about my problems:

correct - fairly correct - not correct

A Key to Themes in Questionnaire (elaborated from Schaeffer)

<u>Theme</u>	<u>Numbers of Questions</u>
Acceptance of the child	1, 4, 10, 14, 21, 24, 31, 38.
The child in the centre	2, 16, 26, 41.
Rejection	3, 5, 11, 17, 22, 25, 42, 46.
Positive involvement	7, 12, 18, 28, 35, 40, 43, 48.
Acceptance of individuality	8, 15, 36, 44.
Remote hostility	9, 13, 23, 30, 32, 34, 37, 45.
Causing constant anxiety	29, 30, 33, 48.

Appendix 2

t test for comparing means of levels in the disturbed group (A+B) against normals (C)

Level	group	N	mean	SD	F	P<	t	df	P<
I	A+B disturbed	60	99.31	16.73	1.00	.96	2.22	88	.03
	C control	30	107.63	16.70					
II	A+B disturbed	60	80.87	30.11	1.49	.198	2.15	88	.03
	C control	30	94.57	24.71					
III	A+B disturbed	60	101.58	15.25	1.18	.577	.13	88	.90
	C control	30	102.03	16.57					
IV	A+B disturbed	60	107.52	16.42	1.04	.870	.98	88	.31
	C control	30	111.10	16.09					

Appendix 3

Table of means of the gaps in absolute values and standard deviations according to groups (A, B, C) and communities (1, 2)

group	community	gap	I-II	II-III	I-III	I-IV	II-IV	III-IV
A disturbed in therapy	Western	mean	44.13	48.47	21.33	19.00	49.00	9.47
		SD	30.18	34.18	21.51	24.06	33.81	7.85
	Eastern	mean	11.60	8.20	11.00	9.20	9.00	15.07
		SD	8.34	8.09	7.83	9.84	7.51	7.96
B disturbed in special schools	Western	mean	17.47	20.80	10.80	13.33	20.53	12.53
		SD	23.25	30.12	8.17	14.89	27.52	9.91
	Eastern	mean	28.53	29.80	12.07	12.87	38.33	15.33
		SD	22.59	26.13	8.51	13.51	28.43	10.80
C control (normals)	Western	mean	18.53	16.13	9.60	6.80	21.00	10.33
		SD	16.83	16.30	5.93	6.99	16.86	5.47
	Eastern	mean	19.47	18.80	15.00	14.07	23.40	16.47
		SD	20.68	15.91	9.09	13.71	23.28	7.26
Total			23.29	23.70	13.30	12.54	26.88	13.30

Appendix 4

Table of analysis of variances and t test for testing the differences in gaps between disturbed and control groups

source of gap	group	N	mean	SD	F	P	t	df	P<
I-II	A+B	60	25.43	25.71	1.92	.03	-1.36	76.74	.179
	C	30	19.00	18.53					
II-III	A+B	60	26.82	29.82	3.52	.0001	-1.94	87.58	.056
	C	30	17.47	15.89					
I-III	A+B	60	13.80	13.29	2.74	.001	-0.66	84.76	.508
	C	30	12.30	8.46					
I-IV	A+B	60	13.60	16.39	2.12	.016	-1.07	79.04	.288
	C	30	10.43	11.31					
II-IV	A+B	60	29.22	30.00	2.25	.008	-1.32	80.70	.193
	C	30	22.20	20.01					
III-IV	A+B	60	13.10	9.29	1.74	.072	.16	88.00	.88
	C	30	13.40	7.05					

Tables of Analysis of Variance of Gaps Excluded from our Study
Appendix 5A

Tables of the Gap between Level I and Level II

Table of means (upper row)
and SD (lower row)

Group	Eastern	Western	Total
disturbed in therapy (A).	11.60 8.34	44.13 30.18	27.87 27.33
disturbed in special schools(B)	28.53 22.59	17.47 25.25	23.00 24.20
sum (A,B) disturbed	20.06 18.82	30.80 30.52	25.43 25.71
control	19.47	18.53	19.00
(C)	20.68	16.83	18.53
Total (A, B, C)	19.87	26.71	23.20

Table of analysis of variance for the Gaps (in
absolute values) between Levels I and II

source of variance	SS	df	MS	F	p <
G group of disturbance (C, B, A)	1183.02	2	591.51	1.26	--
E community (2, 1)	1054.04	1	1054.04	2.22	--
G.E group x community	7809.1556	2	3904.58	8.25	.01
S(GE) part of error	39744.27	84	473.15		

Appendix 5B
t test for testing the gap between Levels I and II in sum disturbed
compared to control group

Group	N	mean	SD	T	df	p <
sum disturbed (A+B)	60	25.43	25.11			
control (C)	30	19.00	18.53	-1.36	76.74	.179

Appendix 5C

Tables of the gap between Level II and Level III
Table of means (upper row)
and SD (lower row)

Group	Eastern	Western	Total
disturbed in (A) therapy	8.20	48.46	28.33
	8.09	34.18	31.86
disturbed in (B) special schools	29.80	20.80	25.30
	26.13	30.12	28.08
sum (A,B)	19.00	34.63	26.81
	21.91	34.64	29.81
disturbed			
control	18.80	16.13	17.47
	15.91	16.31	15.89
(C)			
total (A, B, C)	18.93	28.47	23.70

Table of analysis of variance for the gaps
(in absolute values) between levels II and III

source of variance	SS	df	MS	F	p <
G disturbed group (A, B, C)	1886.47	2	943.23	1.69	--
E community (2, 1)	2044.90	1	2044.90	3.54	5
G.E group x community	10776.46	2	5388.23	9.67	1
S(GE) part of error	46801.07	84	557.15		

Appendix 5D

t test for testing the gap between Levels II and III in sum
disturbed compared to control group

group	N	mean	SD	T	df	p <
sum disturbed (A+B)	60	26.81	29.81			
control (C)	30	17.46	15.89	-1.94	87.58	.056

Appendix 5E

Tables of the gap between Level II and Level IV
Table of means (upper row)
and SD (lower row)
(in absolute values) between Levels II and IV

Group	Eastern	Western	Total
disturbed in (A) therapy	9.00	49.00	29.00
	7.51	33.81	31.51
disturbed in (B) special schools	38.33	20.53	29.43
	28.43	27.52	28.95
sum (A,B) disturbed	23.66	34.76	29.21
	25.30	32.57	29.99
control	23.40	21.00	22.20
(C)	23.29	16.86	20.01
Total (A, B, C)	23.58	30.18	26.87

source of variance	SS	df	MS	F	p <
G disturbed group (C, B, A)	987.49	2	493.74	0.82	--
E community (2, 1)	980.10	1	980.10	0.16	--
G.E group x community	13439.40	2	6719.70	11.22	1
S(GE) part of error	50290.67	84	598.70		

Appendix 5F

t test for testing the gap between Levels II and IV in sum disturbed compared to control group

Group	N	mean	SD	T	df	p <
sum disturbed (A+B)	60	10.43	11.31	-1.32	80.70	.193
control (C)	36	20.22	30.00			

Appendix 6A

The gap distribution between Levels I and II according to thirds*

group		lower third	middle third	upper third	Total
A in therapy	N	<u>2</u>	<u>2</u>	<u>12</u>	<u>30</u>
	%	30.0	30.0	40.0	100.0
B in special schools	N	<u>2</u>	<u>12</u>	<u>2</u>	<u>30</u>
	%	30.0	40.0	30.0	100.0
C control	N	<u>11</u>	<u>10</u>	<u>9</u>	<u>30</u>
	%	36.7	33.3	30.0	100.0
Total	N	<u>29</u>	<u>31</u>	<u>30</u>	<u>90</u>
	%	32.2	34.4	33.3	100.0

$$\chi^2 = 1.3275, df = 4 \quad NS$$

Appendix 6B

The gap distribution between Levels II and III according to thirds*

group		lower third	middle third	upper third	Total
A in therapy	N	<u>12</u>	<u>6</u>	<u>12</u>	<u>30</u>
	%	40.0	20.0	40.0	100.0
B in special schools	N	<u>2</u>	<u>11</u>	<u>10</u>	<u>30</u>
	%	30.0	36.7	33.7	100.0
C control	N	<u>6</u>	<u>17</u>	<u>7</u>	<u>30</u>
	%	20.0	56.7	23.3	100.0
Total	N	<u>27</u>	<u>34</u>	<u>29</u>	<u>90</u>
	%	30.0	37.8	32.2	100.0

$$\chi^2 = 8.6633, df = 4 \quad NS$$

* The division into thirds is not exact because of ties

Appendix 6C

The gap distribution between Levels II and IV according to thirds*

group		lower third	middle third	upper third	Total
A+B	N	<u>22</u>	<u>15</u>	<u>23</u>	<u>60</u>
disturbed		36.7	25.0	38.3	100.0
C	N	<u>8</u>	<u>15</u>	<u>7</u>	<u>30</u>
control		26.7	50.0	23.3	100.0
Total	N	<u>30</u>	<u>30</u>	<u>30</u>	<u>90</u>
		33.3	33.3	33.3	100.0

$$\chi^2 = 5.7000, df = 2 \quad NS$$

Appendix 6D

The gap distribution between Levels I and II according to thirds*

group		lower third	middle third	upper third	Total
A+B	N	<u>18</u>	<u>21</u>	<u>21</u>	<u>60</u>
disturbed		30.0	35.0	35.0	100.0
C	N	<u>11</u>	<u>10</u>	<u>2</u>	<u>23</u>
control		36.7	33.3	30.0	100.0
Total	N	<u>29</u>	<u>31</u>	<u>30</u>	<u>90</u>
		32.2	34.4	33.3	100.0

$$\chi^2 = 0.4420, df = 2 \quad NS$$

* The division into thirds is not exact because of ties

Appendix 6E

The gap distribution between Levels II and III according to thirds*

group		lower third	middle third	upper third	Total
A+B disturbed	N n	<u>21</u> 35.0	<u>17</u> 28.0	<u>22</u> 33.0	<u>60</u> 100.0
C control	N n	<u>6</u> 20.0	<u>17</u> 56.7	<u>7</u> 23.3	<u>30</u> 100.0
Total	N n	<u>27</u> 30.0	<u>34</u> 37.8	<u>29</u> 32.0	<u>90</u> 100.0

$$\chi^2 = 6.8534, df = 2, P .05$$

Appendix 6F

The gap distribution between Levels II and IV according to thirds*

group		lower third	middle third	upper third	Total
A in therapy	N n	<u>12</u> 40.0	<u>7</u> 23.3	<u>11</u> 36.7	<u>30</u> 100.0
B in spec- ial schools	N n	<u>10</u> 33.3	<u>8</u> 26.7	<u>12</u> 40.0	<u>30</u> 100.0
C control	N n	<u>8</u> 26.7	<u>15</u> 50.0	<u>7</u> 23.3	<u>30</u> 100.0
Total	N n	<u>30</u> 33.3	<u>30</u> 33.3	<u>30</u> 33.3	<u>90</u> 100.0

$$\chi^2 = 6.000, df = 4 \quad NS$$

* The division into thirds is not exact because of ties

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